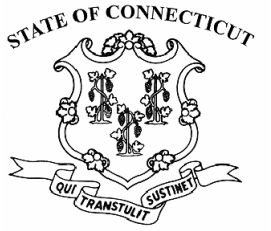

Substitute House Bill No. 6618

Public Act No. 11-242

AN ACT CONCERNING VARIOUS REVISIONS TO PUBLIC HEALTH RELATED STATUTES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 19a-17 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

(a) Each board or commission established under chapters 369 to 376, inclusive, 378 to 381, inclusive, and 383 to 388, inclusive, and the Department of Public Health with respect to professions under its jurisdiction that have no board or commission may take any of the following actions, singly or in combination, based on conduct that occurred prior or subsequent to the issuance of a permit or a license upon finding the existence of good cause:

(1) Revoke a practitioner's license or permit;

(2) Suspend a practitioner's license or permit;

(3) Censure a practitioner or permittee;

(4) Issue a letter of reprimand to a practitioner or permittee;

(5) Place a practitioner or permittee on probationary status and require the practitioner or permittee to:

(A) Report regularly to such board, commission or department upon the matters which are the basis of probation;

(B) Limit practice to those areas prescribed by such board, commission or department;

(C) Continue or renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis for the probation;

(6) Assess a civil penalty of up to twenty-five thousand dollars;

(7) In those cases involving persons or entities licensed or certified pursuant to sections 20-341d, 20-435, 20-436, 20-437, 20-438, 20-475 and 20-476, require that restitution be made to an injured property owner; or

(8) Summarily take any action specified in this subsection against a practitioner's license or permit upon receipt of proof that such practitioner has been:

(A) Found guilty or convicted as a result of an act which constitutes a felony under (i) the laws of this state, (ii) federal law, or (iii) the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state; or

(B) Subject to disciplinary action similar to that specified in this subsection by a duly authorized professional agency of any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction. The applicable board or commission, or the department shall promptly notify the practitioner or permittee that his license or permit has been summarily acted upon pursuant to this subsection and shall institute formal proceedings for revocation within ninety days after such notification.

(b) Such board or commission or the department may withdraw the probation if it finds that the circumstances that required action have been remedied.

(c) Such board or commission or the department where appropriate may summarily suspend a practitioner's license or permit in advance of a final adjudication or during the appeals process if such board or commission or the department finds that a practitioner or permittee represents a clear and immediate danger to the public health and safety if he is allowed to continue to practice.

(d) In addition to the authority provided to the Department of Public Health in subsection (a) of this section, the department may resolve any disciplinary action with respect to a practitioner's license or permit in any profession by voluntary surrender or agreement not to renew or reinstate.

(e) Such board or commission or the department may reinstate a license that has been suspended or revoked if, after a hearing, such board or commission or the department is satisfied that the practitioner or permittee is able to practice with reasonable skill and safety to patients, customers or the public in general. As a condition of reinstatement, the board or commission or the department may impose disciplinary or corrective measures authorized under this section.

(f) Such board or commission or the department may take disciplinary action against a practitioner's license or permit as a result of the practitioner having been subject to disciplinary action similar to an action specified in subsection (a) of this section by a duly authorized professional disciplinary agency of any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction. Such board or commission or the department may rely upon the findings and conclusions made by a duly authorized professional disciplinary agency of any state, the District of Columbia,

a United States possession or territory or foreign jurisdiction in taking such disciplinary action.

[(f)**]** (g) As used in this section, the term "license" shall be deemed to include the following authorizations relative to the practice of any profession listed in subsection (a) of this section: (1) Licensure by the Department of Public Health; (2) certification by the Department of Public Health; and (3) certification by a national certification body.

[(g)**]** (h) As used in this chapter, the term "permit" includes any authorization issued by the department to allow the practice, limited or otherwise, of a profession which would otherwise require a license; and the term "permittee" means any person who practices pursuant to a permit.

Sec. 2. Section 19a-903b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

A hospital, as defined in section 19a-490b, may designate any licensed health care provider and any certified ultrasound or nuclear medicine **[**technician**]** technologist to perform the following oxygen-related patient care activities in a hospital: (1) Connecting or disconnecting oxygen supply; (2) transporting a portable oxygen source; (3) connecting, disconnecting or adjusting the mask, tubes and other patient oxygen delivery apparatus; and (4) adjusting the rate or flow of oxygen consistent with a medical order. Such provider or technician may perform such activities only to the extent permitted by hospital policies and procedures, including bylaws, rules and regulations applicable to the medical staff. A hospital shall document that each person designated to perform oxygen-related patient care activities has been properly trained, either through such person's professional education or through training provided by the hospital. In addition, a hospital shall require that such person satisfy annual competency testing. Nothing in this section shall be construed to

prohibit a hospital from designating persons who are authorized to transport a patient with a portable oxygen source. The provisions of this section shall not apply to any type of ventilator, continuous positive airway pressure or bi-level positive airway pressure units or any other noninvasive positive pressure ventilation.

Sec. 3. Subdivision (11) of subsection (a) of section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

(11) Conduct any necessary investigation and follow-up in connection with complaints regarding persons subject to regulation or licensing by the department. In connection with any such investigation, the department may restrict, suspend or otherwise limit the license or permit of any person subject to regulation or licensing by the department pursuant to an interim consent order entered during the pendency of such investigation;

Sec. 4. Section 7-36 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

As used in this chapter and sections 19a-40 to 19a-45, inclusive, unless the context otherwise requires:

(1) "Registrar of vital statistics" or "registrar" means the registrar of births, marriages, deaths and fetal deaths or any public official charged with the care of returns relating to vital statistics;

(2) "Registration" means the process by which vital records are completed, filed and incorporated into the official records of the department;

(3) "Institution" means any public or private facility that provides inpatient medical, surgical or diagnostic care or treatment, or nursing, custodial or domiciliary care, or to which persons are committed by

law;

(4) "Vital records" means a certificate of birth, death, fetal death or marriage;

(5) "Certified copy" means a copy of a birth, death, fetal death or marriage certificate that (A) includes all information on the certificate except such information that is nondisclosable by law, (B) is issued or transmitted by any registrar of vital statistics, (C) includes an attested signature and the raised seal of an authorized person, and (D) if submitted to the department, includes all information required by the commissioner;

(6) "Uncertified copy" means a copy of a birth, death, fetal death or marriage certificate that includes all information contained in a certified copy except an original attested signature and a raised seal of an authorized person;

(7) "Authenticate" or "authenticated" means to affix to a vital record in paper format the official seal, or to affix to a vital record in electronic format the user identification, password, or other means of electronic identification, as approved by the department, of the creator of the vital record, or the creator's designee, by which affixing the creator of such paper or electronic vital record, or the creator's designee, affirms the integrity of such vital record;

(8) "Attest" means to verify a vital record in accordance with the provisions of subdivision (5) of this section;

(9) "Correction" means to change or enter new information on a certificate of birth, marriage, death or fetal death, within one year of the date of the vital event recorded in such certificate, in order to accurately reflect the facts existing at the time of the recording of such vital event, where such changes or entries are to correct errors on such certificate due to inaccurate or incomplete information provided by the

informant at the time the certificate was prepared, or to correct transcribing, typographical or clerical errors;

(10) "Amendment" means to (A) change or enter new information on a certificate of birth, marriage, death or fetal death, more than one year after the date of the vital event recorded in such certificate, in order to accurately reflect the facts existing at the time of the recording of the event, (B) create a replacement certificate of birth for matters pertaining to parentage and gender change, or (C) change a certificate of birth, marriage, death or fetal death to reflect facts that have changed since the time the certificate was prepared, including, but not limited to, a legal name change or a modification to a cause of death;

(11) "Acknowledgment of paternity" means to legally acknowledge paternity of a child pursuant to section 46b-172;

(12) "Adjudication of paternity" means to legally establish paternity through an order of a court of competent jurisdiction;

(13) "Parentage" includes matters relating to adoption, gestational agreements, paternity and maternity;

(14) "Department" means the Department of Public Health; **[**and**]**

(15) "Commissioner" means the Commissioner of Public Health or the commissioner's designee; and

(16) "Foundling" means (A) a child of unknown parentage, or (B) an infant voluntarily surrendered pursuant to the provisions of section 17a-58.

Sec. 5. Section 7-59 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) The executive authority of any agency or institution, upon accepting the temporary custody of any foundling, **[**child,**]** shall,

[within ten days from**]** not later than ten days after the date of such acceptance, report to the registrar of vital statistics of the town or city where such **[**child**]** foundling was found or voluntarily surrendered, in a format prescribed by the department, as follows: The date and place of finding where voluntarily surrendered, the sex, the race, the approximate age, the name and address of such agency or institution and the name given to the **[**foundling**]** child. **[**If**]** Except for an infant voluntarily surrendered pursuant to the provisions of section 17a-58, if a child for whom **[**such**]** a report of foundling has been registered is later identified and a certificate of birth is found or obtained, **[**it**]** the certificate of birth shall be substituted and the **[**previous**]** report of foundling shall be sealed and filed in a confidential file, and such seal may be broken and the record inspected only upon order of a court of competent jurisdiction. The certificate prescribed by this section shall include such additional information as the department requires.

(b) For any infant surrendered pursuant to the provisions of section 17a-58, the hospital shall prepare a report of foundling as described in subsection (a) of this section. If a certificate of birth has already been filed in the state birth registry pursuant to the requirements of section 7-48, the report of foundling shall substitute for the original certificate of birth which shall be sealed and filed in a confidential file at the Department of Public Health. The original certificate of birth shall not be released except upon order of a court of competent jurisdiction.

Sec. 6. Section 7-37 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) The town clerks of the several towns shall be, ex officio, the registrars of vital statistics in their respective towns, except in towns where such registrars are elected or appointed under special laws, and shall be sworn to the faithful performance of their duties as such.

(b) If a registrar of vital statistics is appointed under a special law or

a town charter, the appointing authority or, if none, the chief executive official of the town, shall, **[**within**]** not later than ten days after such an appointment is made, file a notice of such appointment with the Secretary of the State, indicating the name and address of the person appointed, the date and method of such appointment and the law under which the appointment was made. **[**Within**]** Not later than ten days after a vacancy occurs in the appointed office of registrar of vital statistics, the first selectman or chief executive official of the town shall notify the Secretary of the State of such vacancy.

(c) In addition to the requirements of subsection (b) of this section, any newly elected or appointed registrar of vital statistics shall, not later than ten days after the date of assuming office, provide written notification to the Commissioner of Public Health of such election or appointment. In the event of a vacancy, the first selectman or chief executive official of the town shall notify the Commissioner of Public Health of the vacancy not later than ten days after the date of such vacancy.

Sec. 7. Section 7-38 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) The town clerk of any town who is, ex officio, registrar of vital statistics in such town, and the registrar of vital statistics of any town who is elected under a special law or otherwise appointed pursuant to law, may, unless otherwise provided by charter or ordinance, appoint in writing suitable persons, not exceeding four in number, as assistant registrars of vital statistics, who, on being sworn, shall have the powers and perform the duties of such registrar during the time for which they are appointed, not extending beyond the term of office of such registrar. **[**Within**]** Not later than ten days after a town clerk or registrar of vital statistics appoints an assistant registrar of vital statistics, the town clerk or registrar of vital statistics shall file a notice of such appointment with the Secretary of the State, indicating the

name and address of the person appointed, the date and method of such appointment and the law under which the appointment was made. **[**Within**]** Not later than ten days after a vacancy occurs in the office of assistant registrar of vital statistics, the town clerk or registrar of vital statistics shall notify the Secretary of the State of such vacancy.

(b) In addition to the requirements of subsection (a) of this section, the registrar of vital statistics shall, not later than ten days after the date of appointment of an assistant registrar or a vacancy occurring in the office of assistant registrar of vital statistics, provide written notice to the Commissioner of Public Health of such appointment or vacancy.

Sec. 8. Subsection (a) of section 7-51 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) The department and registrars of vital **[**records**]** statistics shall restrict access to and issuance of a certified copy of birth and fetal death records and certificates less than one hundred years old, to the following eligible parties: (1) The person whose birth is recorded, if over eighteen years of age; (2) such person's children, grandchildren, spouse, parent, guardian or grandparent; (3) the chief executive officer of the municipality where the birth or fetal death occurred, or the chief executive officer's authorized agent; (4) the local director of health for the town or city where the birth or fetal death occurred or where the mother was a resident at the time of the birth or fetal death, or the director's authorized agent; (5) attorneys-at-law **[**and title examiners**]** representing such person or such person's parent, guardian, child or surviving spouse; (6) a conservator of the person appointed for such person; (7) members of genealogical societies incorporated or authorized by the Secretary of the State to do business or conduct affairs in this state; **[**(7)**]** (8) agents of a state or federal agency as approved by the department; and **[**(8)**]** (9) researchers approved by the department pursuant to section 19a-25. Except as provided in section

19a-42a, access to confidential files on paternity, adoption, gender change or gestational agreements, or information contained within such files, shall not be released to any party, including the eligible parties listed in this subsection, except upon an order of a court of competent jurisdiction.

Sec. 9. Section 20-14e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) A drug dispensed by a prescribing practitioner shall be personally dispensed by the prescribing practitioner and the dispensing of such drug shall not be delegated except that, in emergency departments of acute care hospitals licensed under chapter 368v, the tasks related to dispensing such drug may be carried out by a nurse licensed pursuant to chapter 378 under the supervision of the prescribing practitioner.

(b) A patient's medical record shall include a complete record of any drug dispensed by the prescribing practitioner.

(c) A prescribing practitioner dispensing a drug shall package the drug in containers approved by the federal Consumer Product Safety Commission, unless requested otherwise by the patient, and shall label the container with the following information: (1) The full name of the patient; (2) the prescribing practitioner's full name and address; (3) the date of dispensing; (4) instructions for use; and (5) any cautionary statements as may be required by law.

(d) Professional samples dispensed by a prescribing practitioner shall be exempt from the requirements of subsection (c) of this section.

(e) Notwithstanding the provisions of this section or chapter 400j, a prescribing practitioner who diagnoses a chlamydia or gonorrhea infection in a patient may prescribe and dispense oral antibiotic drugs to such patient and the patient's partner or partners in order to prevent

further infection without a physical examination of such partner or partners. A prescribing practitioner who prescribes or dispenses oral antibiotic drugs to the partner or partners of a patient diagnosed with a chlamydia or gonorrhea infection shall, in accordance with the provisions of this subsection, not be deemed to have violated the prescribing practitioner's standard of care for such prescribing or dispensing drugs. The Commissioner of Public Health, in consultation with the Commissioner of Consumer Protection, may adopt regulations, in accordance with chapter 54, to implement the provisions of this subsection.

[(e)**]** (f) A prescribing physician or surgeon may dispense and sell contact lenses that contain a drug, as defined in section 20-571, and such physician or surgeon shall be exempt from the requirements of subsection (c) of this section when dispensing or selling contact lenses. As used in this subsection, "physician" means a person holding a license issued pursuant to this chapter, except a homeopathic physician.

[(f)**]** (g) A licensed optometrist, authorized to practice advanced optometric care pursuant to section 20-127, who dispenses contact lenses that contain ocular agents-T, as defined in subdivision (5) of subsection (a) of section 20-127, shall be exempt from the requirements of subsection (c) of this section when dispensing or selling contact lenses.

Sec. 10. Section 19a-216 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) Any municipal health department, state institution or facility, licensed physician or public or private hospital or clinic, may examine **[**and**]** or provide treatment for venereal disease for a minor, if the physician or facility is qualified to provide such examination **[**and**]** or treatment. The consent of the parents or guardian of the minor shall

not be a prerequisite to the examination **[**and**]** or treatment. The physician in charge or other appropriate authority of the facility or the licensed physician concerned shall prescribe an appropriate course of treatment for the minor. The fact of consultation, examination **[**and**]** or treatment of a minor under the provisions of this section shall be confidential and shall not be divulged by the facility or physician, including the sending of a bill for the services to any person other than the minor, except for purposes of reports under section 19a-215, as amended by this act, and except that, if the minor is not more than twelve years of age, the facility or physician shall report the name, age and address of that minor to the Commissioner of Children and Families or **[**his**]** the commissioner's designee who shall proceed thereon as in reports under section 17a-101g.

(b) A minor shall be personally liable for all costs and expenses for services afforded **[**him at his**]** such minor at his or her request under this section.

Sec. 11. Section 19a-124 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) The Department of Public Health shall establish needle and syringe exchange programs in **[**the health departments of**]** the three cities having the highest total number of **[**cases of acquired immunodeficiency syndrome among intravenous drug users as of December 31, 1991**]** human immunodeficiency virus infections among injection drug users. The department shall establish **[**, with the assistance of the health departments of the cities selected for the programs,**]** protocols in accordance with the provisions of subsection (b) of this section. **[**The department and the city health departments shall evaluate the effectiveness of the programs based on the criteria specified by the Department of Public Health.**]** The department may authorize similar programs in other areas of the state, as determined by the commissioner, through local health departments or other local

organizations.

(b) The programs shall: (1) Be incorporated into existing **[**acquired immunodeficiency syndrome prevention and outreach projects**]** human immunodeficiency virus prevention programs in the selected cities; (2) provide for free and **[**anonymous**]** confidential exchanges of needles and syringes and (A) provide that program participants receive an equal number of needles and syringes for those returned; and (B) provide that first-time applicants to the program receive an initial packet of thirty needles and syringes, educational material and a list of drug counseling services; **[**and (C) assure, through program-developed and commissioner-approved protocols, that a person receive only one such initial packet over the life of the program;**]** and (3) offer education on the transmission of the human immunodeficiency virus and prevention measures and assist program participants in obtaining drug treatment services. **[**; and (4) for the first year of operation of the program, require all needles and syringes to be marked and checked for return rates.**]**

(c) **[**The commissioner shall require programs to include an evaluation component during the first year of operation**]** The department shall establish requirements to monitor (1) return rates of needles and syringes distributed, (2) **[**behavioral change of program participants, such as needle sharing and the use of condoms, (3)**]** program participation rates, and (3) the number of participants who are motivated to enter treatment as a result of the program and the status of their treatment. **[**, and (4) the incidence of intravenous drug use to see if there is a change as a result of the program. The department shall establish evaluation and monitoring requirements to be applied to subsequent years of the programs.**]**

(d) **[**The health department of each city selected for a needle and syringe exchange program or the person**]** Any organization conducting **[**the**]** a needle and syringe exchange program shall submit

a report evaluating the effectiveness of the program to the Department of Public Health. **[**The department shall compile all information received on the programs and report to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies.**]**

Sec. 12. Subsection (b) of section 20-32 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(b) All licensed chiropractors applying for license renewal shall be required to participate in continuing education programs. The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to (1) define basic requirements for continuing education programs, (2) delineate qualifying programs, (3) establish a system of control and reporting, and (4) provide for waiver of the continuing education requirement for good cause. For registration periods beginning on and after October 1, 2012, the Commissioner of Public Health, in consultation with the Board of Chiropractic Examiners, shall, on or before October 1, 2011, and biennially thereafter, issue a list that includes not more than five mandatory topics for continuing education activities that shall be required for the two subsequent registration periods following the date of issuance of such list.

Sec. 13. Section 10-204a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) Each local or regional board of education, or similar body governing a nonpublic school or schools, shall require each child to be protected by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule for active immunization adopted pursuant to section 19a-7f, as amended

by this act, before being permitted to enroll in any program operated by a public or nonpublic school under its jurisdiction. Before being permitted to enter seventh grade, a child shall receive a second immunization against measles. Any such child who (1) presents a certificate from a physician, physician assistant, advanced practice registered nurse or local health agency stating that initial immunizations have been given to such child and additional immunizations are in process under guidelines and schedules specified by the Commissioner of Public Health; or (2) presents a certificate from a physician, physician assistant or advanced practice registered nurse stating that in the opinion of such physician, physician assistant or advanced practice registered nurse such immunization is medically contraindicated because of the physical condition of such child; or (3) presents a statement from the parents or guardian of such child that such immunization would be contrary to the religious beliefs of such child; or (4) in the case of measles, mumps or rubella, presents a certificate from a physician, physician assistant or advanced practice registered nurse or from the director of health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or (5) in the case of hemophilus influenzae type B has passed his fifth birthday; or (6) in the case of pertussis, has passed his sixth birthday, shall be exempt from the appropriate provisions of this section. If the parents or guardians of any children are unable to pay for such immunizations, the expense of such immunizations shall, on the recommendations of such board of education, be paid by the town.

(b) The definitions of adequate immunization shall reflect the schedule for active immunization adopted pursuant to section 19a-7f, as amended by this act, and be established by regulation adopted in accordance with the provisions of chapter 54 by the Commissioner of Public Health, who shall also be responsible for providing procedures under which said boards and said similar governing bodies shall

collect and report immunization data on each child to the Department of Public Health for compilation and analysis by said department.

(c) The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nation-wide shortage of supply for such vaccine.

Sec. 14. Subsection (b) of section 19a-77 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(b) For licensing requirement purposes, child day care services shall not include such services which are:

(1) (A) Administered by a public school system, or (B) administered by a municipal agency or department and located in a public school building;

(2) Administered by a private school which is in compliance with section 10-188 and is approved by the State Board of Education or is accredited by an accrediting agency recognized by the State Board of Education;

(3) Classes in music, dance, drama and art that are no longer than two hours in length; classes that teach a single skill that are no longer than two hours in length; library programs that are no longer than two hours in length; scouting; programs that offer exclusively sports activities; rehearsals; academic tutoring programs; or programs exclusively for children thirteen years of age or older;

(4) Informal arrangements among neighbors **[**or**]** and formal or informal arrangements among relatives in their own homes, provided the relative is limited to any of the following degrees of kinship by blood or marriage to the child being cared for or to the child's parent:

Child, grandchild, sibling, niece, nephew, aunt, uncle or child of one's aunt or uncle;

(5) Drop-in supplementary child care operations for educational or recreational purposes and the child receives such care infrequently where the parents are on the premises;

(6) Drop-in supplementary child care operations in retail establishments where the parents **[**are on the premises**]** remain in the same store as the child for retail shopping, **[**in accordance with section 19a-77a, provided that**]** provided the drop-in supplementary child-care operation does not charge a fee and does not refer to itself as a child day care center;

(7) Drop-in programs administered by a nationally chartered boys' and girls' club;

(8) Religious educational activities administered by a religious institution exclusively for children whose parents or legal guardians are members of such religious institution;

(9) Administered by Solar Youth, Inc., a New Haven-based nonprofit youth development and environmental education organization, provided Solar Youth, Inc. informs the parents and legal guardians of any children enrolled in its programs that such programs are not licensed by the Department of Public Health to provide child day care services; or

(10) Programs administered by organizations under contract with the Department of Social Services pursuant to section 17b-851a that promote the reduction of teenage pregnancy through the provision of services to persons who are ten to nineteen years of age, inclusive.

Sec. 15. Section 19a-425 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

Any person who establishes, conducts or maintains a youth camp without a license as required by this chapter for a first offense shall be subject to a civil penalty of not more than **[**five hundred**]** one thousand dollars, and for a second or subsequent offense shall be subject to a civil penalty of not more than **[**seven hundred fifty**]** one thousand five hundred dollars, and each day during which a youth camp is conducted or maintained without a license, after notification to such person by the commissioner, shall constitute a separate offense. The Commissioner of Public Health may apply to the superior court for the judicial district of Hartford, or for the judicial district where the defendant named in such application resides, for an injunction to restrain the operation or maintenance of a youth camp by any person other than a licensed operator. The application for such injunction or the issuance of the same shall be in addition to and shall not relieve any such person from the imposition of a civil penalty under this section. In connection with any such application for an injunction, it shall not be necessary to prove that an adequate remedy at law does not exist.

Sec. 16. Subsection (b) of section 19a-80 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(b) (1) Upon receipt of an application for a license, the Commissioner of Public Health shall issue such license if, upon inspection and investigation, said commissioner finds that the applicant, the facilities and the program meet the health, educational and social needs of children likely to attend the child day care center or group day care home and comply with requirements established by regulations adopted under sections 19a-77 to 19a-80, inclusive, as amended by this act, and sections 19a-82 to 19a-87, inclusive. The Commissioner of Public Health shall offer an expedited application review process for an application submitted by a municipal agency or

department. **[**Each license shall be for a term of two years, provided on and after October 1, 2008, each**]** Each license shall be for a term of four years, shall be nontransferable, and may be renewed upon **[**payment of the**]** receipt by the commissioner of a renewal application and accompanying licensure fee. **[**and may be suspended or revoked**]** The commissioner may suspend or revoke such license after notice and an opportunity for a hearing as provided in section 19a-84 for violation of the regulations adopted under sections 19a-77 to 19a-80, inclusive, as amended by this act, and sections 19a-82 to 19a-87, inclusive.

[(2) Prior to October 1, 2008, the Commissioner of Public Health shall collect from the licensee of a day care center a fee of two hundred dollars for each license issued or renewed for a term of two years. Prior to October 1, 2008, said commissioner shall collect from the licensee of a group day care home a fee of one hundred dollars for each license issued or renewed for a term of two years.**]**

[(3) On and after October 1, 2008, the**]** (2) The Commissioner of Public Health shall collect from the licensee of a day care center a fee of five hundred dollars **[**for each license issued or renewed**]** prior to issuing or renewing a license for a term of four years. **[**On and after October 1, 2008, said**]** The commissioner shall collect from the licensee of a group day care home a fee of two hundred fifty dollars **[**for each license issued or renewed**]** prior to issuing or renewing a license for a term of four years. The **[**Commissioner of Public Health**]** commissioner shall require only one license for a child day care center operated in two or more buildings, provided the same licensee provides child day care services in each building and the buildings are joined together by a contiguous playground that is part of the licensed space.

Sec. 17. Section 19a-87b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) No person, group of persons, association, organization,

corporation, institution or agency, public or private, shall maintain a family day care home, as defined in section 19a-77, as amended by this act, without a license issued by the Commissioner of Public Health. Licensure forms shall be obtained from the Department of Public Health. Applications for licensure shall be made to the commissioner on forms provided by the department and shall contain the information required by regulations adopted under this section. The licensure and application forms shall contain a notice that false statements made therein are punishable in accordance with section 53a-157b. Applicants shall state, in writing, that they are in compliance with the regulations adopted by the commissioner pursuant to subsection **[**(c)**]** (f) of this section. Before a family day care home license is granted, the department shall make an inquiry and investigation which shall include a visit and inspection of the premises for which the license is requested. Any inspection conducted by the department shall include an inspection for evident sources of lead poisoning. The department shall provide for a chemical analysis of any paint chips found on such premises. Neither the commissioner nor the commissioner's designee shall require an annual inspection for homes seeking license renewal or for licensed homes, except that the commissioner or the commissioner's designee shall make unannounced visits, during customary business hours, to at least thirty-three and one-third per cent of the licensed family day care homes each year. A licensed family day care home shall not be subject to any conditions on the operation of such home by local officials, other than those imposed by the department pursuant to this subsection, if the home complies with all local codes and ordinances applicable to single and multifamily dwellings.

(b) No person shall act as an assistant or substitute staff member to a person or entity maintaining a family day care home, as defined in section 19a-77, as amended by this act, without an approval issued by the Commissioner of Public Health. Any person seeking to act as an

assistant or substitute staff member in a family day care home shall submit an application for such approval to the department. Applications for approval shall: (1) Be made to the commissioner on forms provided by the department, (2) contain the information required by regulations adopted under this section, and (3) be accompanied by a fee of twenty dollars. The approval application forms shall contain a notice that false statements made in such form are punishable in accordance with section 53a-157b.

[(b)**]** (c) The Commissioner of Public Health, within available appropriations, shall require each initial applicant or prospective employee of a family day care home in a position requiring the provision of care to a child, including an assistant or substitute staff member, to submit to state and national criminal history records checks. The criminal history records checks required pursuant to this subsection shall be conducted in accordance with section 29-17a. The commissioner shall also request a check of the state child abuse registry established pursuant to section 17a-101k. The commissioner shall notify each licensee of the provisions of this subsection.

(d) An application for initial licensure pursuant to this section, shall be accompanied by a fee of forty dollars and such license shall be issued for a term of four years. An application for renewal of a license issued pursuant to this section, shall be accompanied by a fee of forty dollars and a certification from the licensee that any child enrolled in the family day care home has received age-appropriate immunizations in accordance with regulations adopted pursuant to subsection (f) of this section. A license issued pursuant to this section shall be renewed for a term of four years.

(e) An application for initial staff approval or renewal of staff approval shall be accompanied by a fee of fifteen dollars. Such approvals shall be issued or renewed for a term of two years.

[(c)**]** (f) The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to assure that family day care homes, as defined in section 19a-77, as amended by this act, shall meet the health, educational and social needs of children utilizing such homes. Such regulations shall ensure that the family day care home is treated as a residence, and not an institutional facility. Such regulations shall specify that each child be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f. Such regulations shall provide appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parents object to such immunization on religious grounds. Such regulations shall also specify conditions under which family day care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving day care services at a family day care home pursuant to a written order of a physician licensed to practice medicine in this or another state, an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child. Such regulations shall specify appropriate standards for extended care and intermittent short-term overnight care. The commissioner shall inform each licensee, by way of a plain language summary provided not later than sixty days after the regulation's effective date, of any new or changed regulations adopted under this subsection with which a licensee must comply.

[(d) Applications for initial licensure under this section submitted prior to October 1, 2008, shall be accompanied by a fee of twenty

dollars and such licenses shall be issued for a term of two years. Applications for renewal of licenses granted under this section submitted prior to October 1, 2008, shall be accompanied by a fee of twenty dollars and such licenses shall be renewed for a term of two years. No such license shall be renewed unless the licensee certifies that the children enrolled in the family day care home have received age-appropriate immunization in accordance with regulations adopted pursuant to subsection (c) of this section.

(e) Each license issued on or after October 1, 2008, shall be for a term of four years, shall be nontransferable and may be renewed upon payment of the licensure fee and a signed statement from the licensee certifying that the children enrolled in the family day care home have received age-appropriate immunization in accordance with regulations adopted pursuant to subsection (c) of this section. The Commissioner of Public Health shall collect from the licensee of a family day care home a fee of eighty dollars for each license issued or renewed for a term of four years.**]**

Sec. 18. Subsection (d) of section 31-286a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(d) For purposes of this section, "sufficient evidence" means (1) a certificate of self-insurance issued by a workers' compensation commissioner pursuant to section 31-284, (2) a certificate of compliance issued by the Insurance Commissioner pursuant to section 31-286, (3) a certificate of insurance issued by any stock or mutual insurance company or mutual association authorized to write workers' compensation insurance in this state or its agent, or (4) in lieu of a physical certificate of insurance being presented for the issuance or renewal of licenses and permits issued by the Department of Consumer Protection <u>or Public Health</u>, the entrance by the applicant on the renewal form of the name of the insurer, insurance policy

number, effective dates of coverage, and a certification that the same is truthful and accurate.

Sec. 19. Section 19a-32g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) (1) There is established a Stem Cell Research Peer Review Committee. The committee shall consist of five members appointed by the Commissioner of Public Health. All members appointed to the committee shall (A) have demonstrated knowledge and understanding of the ethical and medical implications of embryonic and human adult stem cell research or related research fields, including, but not limited to, embryology, genetics or cellular biology, (B) have practical research experience in human adult or embryonic stem cell research or related research fields, including, but not limited to, embryology, genetics or cellular biology, and (C) work to advance embryonic and human adult stem cell research. Members shall serve for a term of four years commencing on October first, except that three members first appointed by the Commissioner of Public Health shall serve for a term of two years. No member may serve for more than two consecutive four-year terms and no member may serve concurrently on the Stem Cell Research Advisory Committee established pursuant to section 19a-32f. All initial appointments to the committee shall be made by October 1, 2005. Any member who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from the committee.

(2) **[**On and after July 1, 2007, the**]** <u>The</u> Commissioner of Public Health may appoint such additional members to the Stem Cell Research Peer Review Committee as the commissioner deems necessary for the review of applications for grants-in-aid, provided the total number of Stem Cell Research Peer Review Committee members does not exceed fifteen. Such additional members shall be appointed as

provided in subdivision (1) of this subsection, except that such additional members shall serve for a term of two years from the date of appointment.

(b) All members shall be deemed public officials and shall adhere to the code of ethics for public officials set forth in chapter 10. No member shall participate in the affairs of the committee with respect to the review or consideration of any grant-in-aid application filed by such member or by any eligible institution in which such member has a financial interest, or with which such member engages in any business, employment, transaction or professional activity.

(c) Prior to the awarding of any grants-in-aid for embryonic or human adult stem cell research pursuant to section 19a-32e, the Stem Cell Research Peer Review Committee shall review all applications submitted by eligible institutions for such grants-in-aid and make recommendations to the Commissioner of Public Health and the Stem Cell Research Advisory Committee established pursuant to section 19a-32f with respect to the ethical and scientific merit of each application.

(d) Peer review committee members may receive compensation from the Stem Cell Research Fund, established pursuant to section 19a-32e, for reviewing grant-in-aid applications submitted by eligible institutions pursuant to subsection (c) of this section. The rate of compensation shall be established by the Commissioner of Public Health in consultation with the Department of Administrative Services and the Office of Policy and Management.

[(d)**]** (e) The Peer Review Committee shall establish guidelines for the rating and scoring of such applications by the Stem Cell Research Peer Review Committee.

[(e)**]** (f) All members of the committee shall become and remain

fully cognizant of the National Academies' Guidelines for Human Embryonic Stem Cell Research, as amended from time to time, and shall utilize said guidelines to evaluate each grant-in-aid application. The committee may make recommendations to the Stem Cell Research Advisory Committee and the Commissioner of Public Health concerning the adoption of said guidelines, in whole or in part, in the form of regulations adopted pursuant to chapter 54.

Sec. 20. Section 19a-2a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

The Commissioner of Public Health shall employ the most efficient and practical means for the prevention and suppression of disease and shall administer all laws under the jurisdiction of the Department of Public Health and the Public Health Code. **[**He**]** The commissioner shall have responsibility for the overall operation and administration of the Department of Public Health. The commissioner shall have the power and duty to: (1) Administer, coordinate and direct the operation of the department; (2) adopt and enforce regulations, in accordance with chapter 54, as are necessary to carry out the purposes of the department as established by statute; (3) establish rules for the internal operation and administration of the department; (4) establish and develop programs and administer services to achieve the purposes of the department as established by statute; (5) contract for facilities, services and programs to implement the purposes of the department as established by statute; (6) designate a deputy commissioner or other employee of the department to sign any license, certificate or permit issued by said department; (7) conduct a hearing, issue subpoenas, administer oaths, compel testimony and render a final decision in any case when a hearing is required or authorized under the provisions of any statute dealing with the Department of Public Health; (8) with the health authorities of this and other states, secure information and data concerning the prevention and control of epidemics and conditions

affecting or endangering the public health, and compile such information and statistics and shall disseminate among health authorities and the people of the state such information as may be of value to them; (9) annually issue a list of reportable diseases, emergency illnesses and health conditions and a list of reportable laboratory findings and amend such **[**list as he**]** lists as the commissioner deems necessary and distribute such **[**list**]** lists as well as any necessary forms to each licensed physician and clinical laboratory in this state. **[**He**]** The commissioner shall prepare printed forms for reports and returns, with such instructions as may be necessary, for the use of directors of health, boards of health and registrars of vital statistics; (10) specify uniform methods of keeping statistical information by public and private agencies, organizations and individuals, including a client identifier system, and collect and make available relevant statistical information, including the number of persons treated, frequency of admission and readmission, and frequency and duration of treatment. The client identifier system shall be subject to the confidentiality requirements set forth in section 17a-688 and regulations adopted thereunder. The commissioner may designate any person to perform any of the duties listed in subdivision (7) of this section. **[**He**]** The commissioner shall have authority over directors of health and may, for cause, remove any such director; but any person claiming to be aggrieved by such removal may appeal to the Superior Court which may affirm or reverse the action of the commissioner as the public interest requires. **[**He**]** The commissioner shall assist and advise local directors of health in the performance of their duties, and may require the enforcement of any law, regulation or ordinance relating to public health. When requested by local directors of health, **[**he**]** the commissioner shall consult with them and investigate and advise concerning any condition affecting public health within their jurisdiction. **[**He**]** The commissioner shall investigate nuisances and conditions affecting, or that he or she has reason to suspect may affect, the security of life and health in any

locality and, for that purpose, **[**he**]** the commissioner, or any person authorized by **[**him so to do**]** the commissioner, may enter and examine any ground, vehicle, apartment, building or place, and any person designated by **[**him**]** the commissioner shall have the authority conferred by law upon constables. Whenever **[**he**]** the commissioner determines that any provision of the general statutes or regulation of the Public Health Code is not being enforced effectively by a local health department, he or she shall forthwith take such measures, including the performance of any act required of the local health department, to ensure enforcement of such statute or regulation and shall inform the local health department of such measures. In September of each year **[**he**]** the commissioner shall certify to the Secretary of the Office of Policy and Management the population of each municipality. The commissioner may solicit and accept for use any gift of money or property made by will or otherwise, and any grant of or contract for money, services or property from the federal government, the state or any political subdivision thereof or any private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for any grant or contract. The commissioner may establish state-wide and regional advisory councils.

Sec. 21. Section 19a-215 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) For the purposes of this section:

(1) "Clinical laboratory" means any facility or other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological or other examinations of human body fluids, secretions, excretions or excised or exfoliated tissues, for the purpose of providing information for the diagnosis, prevention or treatment of any human disease or impairment, for the assessment of human health or for the presence of

drugs, poisons or other toxicological substances.

[(1)**]** (2) "Commissioner's list of reportable diseases, emergency illnesses and health conditions" and "commissioner's list of reportable laboratory findings" means the **[**list**]** lists developed pursuant to section 19a-2a, as amended by this act.

[(2)**]** (3) "Confidential" means confidentiality of information pursuant to section 19a-25.

[(3)**]** (4) "Health care provider" means a person who has direct or supervisory responsibility for the delivery of health care or medical services, including licensed physicians, nurse practitioners, nurse midwives, physician assistants, nurses, dentists, medical examiners and administrators, superintendents and managers of health care facilities.

(5) "Reportable diseases, emergency illnesses and health conditions" means the diseases, illnesses, conditions or syndromes designated by the Commissioner of Public Health on the list required pursuant to section 19a-2a, as amended by this act.

(b) A health care provider shall report each case occurring in such provider's practice, of any disease on the commissioner's list of reportable diseases, **[**and laboratory findings**]** emergency illnesses and health conditions to the director of health of the town, city or borough in which such case resides and to the Department of Public Health, no later than twelve hours after such provider's recognition of the disease. Such reports shall be in writing, by telephone or in an electronic format approved by the commissioner. Such reports of disease shall be confidential and not open to public inspection except as provided **[**in subsection (d) of this section**]** for in section 19a-25.

(c) A clinical laboratory shall report each finding identified by such laboratory of any disease identified on the commissioner's list of

reportable laboratory findings to the Department of Public Health not later than forty-eight hours after such laboratory's finding. A clinical laboratory that reports an average of more than thirty findings per month shall make such reports electronically in a format approved by the commissioner. Any clinical laboratory that reports an average of less than thirty findings per month shall submit such reports, in writing, by telephone or in an electronic format approved by the commissioner. All such reports shall be confidential and not open to public inspection except as provided for in section 19a-25. The Department of Public Health shall provide a copy of all such reports to the director of health of the town, city or borough in which the affected person resides or, in the absence of such information, the town where the specimen originated.

[(c)**]** (d) When a local director of health**,** **[**or his**]** the local director's authorized agent or the Department of Public Health receives a report of a disease or laboratory finding on the commissioner's **[**list**]** lists of reportable **[**disease**]** diseases, emergency illnesses and health conditions and laboratory findings, **[**either**]** the local director of health, the local director's authorized agent or the Department of Public Health may contact first the reporting health care provider and then the person with the reportable finding to obtain such information as may be necessary to lead to the effective control of further spread of such disease. In the case of reportable communicable diseases and laboratory findings, this information may include obtaining the identification of persons who may be the source or subsequent contacts of such infection.

[(d)**]** (e) All personal information obtained from disease prevention and control investigations as performed in **[**subsection (c)**]** subsections (c) and (d) of this section including the health care provider's name and the identity of the reported case of disease and suspected source persons and contacts shall not be divulged to anyone and shall be held

strictly confidential pursuant to section 19a-25, by the local director of health and **[**his**]** the director's authorized agent and by the Department of Public Health.

[(e)**]** (f) Any person who violates any reporting or confidentiality provision of this section shall be fined not more than five hundred dollars. No provision of this section shall be deemed to supersede section 19a-584.

Sec. 22. Subsection (c) of section 19a-91 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(c) In addition to the requirements set forth in subsection (b) of this section, in the case of death resulting from a disease on the current list of reportable diseases, emergency illnesses and health conditions developed pursuant to section **[**19a-36-A2 of the regulations of Connecticut state agencies**]** 19a-2, as amended by this act, the licensed embalmer or funeral director having charge of the dead human body shall prepare such body for burial or cremation by having the body washed, embalmed or wrapped as soon as practicable after the body arrives at the licensed embalmer's or licensed funeral director's place of business. The provisions of this subsection do not apply if death is not the result of a disease on the current list of reportable diseases, emergency illnesses and health conditions developed pursuant to section **[**19a-36-A2 of the regulations of Connecticut state agencies**]** 19a-2, as amended by this act, provided the licensed embalmer or funeral director having charge of the body takes appropriate measures to ensure that the body does not pose a threat to the public health.

Sec. 23. Section 20-329cc of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

As used in sections 20-329cc to 20-329ff, inclusive, a "nonmaterial

fact concerning real property" means a fact, set of facts or circumstance surrounding real estate which includes, but is not limited to: (1) The fact that an occupant of real property is or has been infected with a disease on the list of reportable diseases, emergency illnesses and health conditions issued by the Commissioner of Public Health pursuant to section 19a-2a, as amended by this act; or (2) the fact that the property was at any time suspected to have been the site of a death or felony.

Sec. 24. Section 19a-612d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

Notwithstanding any provision of the general statutes, there shall be a Deputy Commissioner of Public Health who shall oversee the Office of Health Care Access division of the Department of Public Health and who shall exercise independent decision-making authority over all certificate of need decisions. **[**related matters, including, but not limited to, determinations, orders, decisions and agreed settlements. The individual serving as the Commissioner of Health Care Access on September 1, 2009, shall serve as a Deputy Commissioner of Public Health with responsibility for overseeing the Office of Health Care Access division of the Department of Public Health. Notwithstanding any provision of the general statutes, said deputy commissioner may designate an executive assistant to serve in such capacity. On or before January 1, 2010, said deputy commissioner in consultation with the Commissioner of Public Health shall jointly report, in accordance with the provisions of section 11-4a, to the Governor and joint standing committee of the General Assembly having cognizance of matters related to public health on recommendations for reform of the certificate of need process.**]**

Sec. 25. Subsections (b) and (c) of section 19a-639a of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(b) **[**Not later than twenty days prior to the date that the applicant submits the certificate of need application to the office**]** Prior to the filing of a certificate of need application, the applicant shall publish notice that an application is to be submitted to the office in a newspaper having a substantial circulation in the area where the project is to be located. Such notice shall (1) be published (A) not later than twenty days prior to the date of filing of the certificate of need application, and (B) for not less than three consecutive days, and **[**shall**]** (2) contain a brief description of the nature of the project and the street address where the project is to be located. An applicant shall file the certificate of need application with the office not later than ninety days after publishing notice of the application in accordance with the provisions of this subsection. The office shall not accept the applicant's certificate of need application for filing unless the application is accompanied by the application fee prescribed in subsection (a) of this section and proof of compliance with the publication requirements prescribed in this subsection.

(c) Not later than five business days after receipt of a properly filed certificate of need application, the office shall publish notice of the application on its web site. **[**and with the office of the Secretary of the State.**]** Not later than thirty days after the date of filing of the application, the office may request such additional information as the office determines necessary to complete the application. The applicant shall, not later than sixty days after the date of the office's request, submit the requested information to the office. If an applicant fails to submit the requested information to the office within the sixty-day period, the office shall consider the application to have been withdrawn.

Sec. 26. Subsection (a) of section 17b-256 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) The Commissioner of Social Services may administer, within available appropriations, a program providing payment for the cost of drugs prescribed by a physician for the treatment of acquired immunodeficiency syndrome or human immunodeficiency virus. The commissioner, in consultation with the Commissioner of Public Health, shall determine specific drugs to be covered and may implement a pharmacy lock-in procedure for the program. The Commissioner of Social Services shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes of this section. The **[**commissioner**]** Commissioner of Social Services may implement the program while in the process of adopting regulations, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal within twenty days of implementation. The regulations may include eligibility for all persons with acquired immunodeficiency syndrome or human immunodeficiency virus whose income is below four hundred per cent of the federal poverty level. Subject to federal approval, the **[**commissioner**]** Commissioner of Social Services may, within available federal resources, maintain **[**existing**]** insurance policies for eligible clients, including, but not limited to, coverage of costs associated with such policies, that provide a full range of human immunodeficiency virus treatments and access to comprehensive primary care services as determined by the commissioner and as provided by federal law, and may provide payment, determined by the commissioner, for (1) drugs and nutritional supplements prescribed by a physician that prevent or treat opportunistic diseases and conditions associated with acquired immunodeficiency syndrome or human immunodeficiency virus; (2) ancillary supplies related to the administration of such drugs; and (3) laboratory tests ordered by a physician. On and after May 26, 2006, any person who previously received insurance assistance under the program established pursuant to section 17b-255 of the general statutes, revision of 1958, revised to 2005, shall continue to receive such assistance until the expiration of the insurance coverage, provided

such person continues to meet program eligibility requirements established in accordance with this subsection. On or before March 1, 2007, and annually thereafter, the Commissioner of Social Services shall report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health and appropriations and the budgets of state agencies on the projected availability of funds for the program established pursuant to this section.

Sec. 27. Section 19a-495 of the general statutes is amended by adding subsection (d) as follows (*Effective from passage*):

(NEW) (d) The Commissioner of Public Health, in consultation with the Commissioner of Mental Health and Addiction Services, may implement policies and procedures, in compliance with federal law, permitting licensed health care providers with prescriptive authority to prescribe medications to treat persons dependent on opiates in free standing substance abuse treatment facilities, licensed under section 19a-490, while in the process of adopting such policies and procedures in regulation form, provided the commissioner prints notice of the intent to adopt regulations in the Connecticut Law Journal not later than thirty days after the date of implementation of such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time final regulations are adopted.

Sec. 28. Subsection (e) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(e) **[**Notwithstanding any regulation, the**]** The commissioner shall charge one thousand dollars for the **[**following fees for the**]** licensing and inspection every four years of **[**the following institutions: (1) Outpatient**]** outpatient clinics that provide either medical or mental health service, and well-child clinics, except those operated by

municipal health departments, health districts or licensed nonprofit nursing or community health agencies. **[**, one thousand dollars; (2) maternity homes, per site, two hundred dollars; and (3) maternity homes, per bed, ten dollars.**]**

Sec. 29. Section 19a-266 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) For purposes of this section:

(1) "Breast cancer screening and referral services" means necessary breast cancer screening services and referral services for a procedure intended to treat cancer of the human breast, including, but not limited to, surgery, radiation therapy, chemotherapy, hormonal therapy and related medical follow-up services.

(2) "Cervical cancer screening and referral services" means necessary cervical cancer screening services and referral services for a procedure intended to treat cancer of the human cervix, including, but not limited to, surgery, radiation therapy, cryotherapy, electrocoagulation and related medical follow-up services.

(3) "Unserved or underserved populations" means women who are: (A) At or below two hundred per cent of the federal poverty level for individuals; (B) without health insurance that covers breast cancer screening mammography or cervical cancer screening services; and (C) **[**nineteen**]** twenty-one to sixty-four years of age.

(b) There is established, within existing appropriations, a breast and cervical cancer early detection and treatment referral program, within the Department of Public Health, to (1) promote screening, detection and treatment of breast cancer and cervical cancer among unserved or underserved populations, (2) educate the public regarding breast cancer and cervical cancer and the benefits of early detection, and (3) provide counseling and referral services for treatment.

(c) The program shall include, but not be limited to:

(1) Establishment of a public education and outreach initiative to publicize breast cancer and cervical cancer early detection services and the extent of coverage for such services by health insurance; the benefits of early detection of breast cancer and the recommended frequency of screening services, including clinical breast examinations and mammography; and the medical assistance program and other public and private programs and the benefits of early detection of cervical cancer and the recommended frequency of pap tests;

(2) Development of professional education programs, including the benefits of early detection of breast cancer and the recommended frequency of mammography and the benefits of early detection of cervical cancer and the recommended frequency of pap tests;

(3) Establishment of a system to track and follow up on all women screened for breast cancer and cervical cancer in the program. The system shall include, but not be limited to, follow-up of abnormal screening tests and referral to treatment when needed and tracking women to be screened at recommended screening intervals;

(4) Assurance that all participating providers of breast cancer and cervical cancer screening are in compliance with national and state quality assurance legislative mandates.

(d) The Department of Public Health shall provide unserved or underserved populations, within existing appropriations and through contracts with health care providers: (1) Clinical breast examinations, screening mammograms and pap tests, as recommended in the most current breast and cervical cancer screening guidelines established by the United States Preventive Services Task Force, for the woman's age and medical history; and (2) **[**a sixty-day follow-up pap test for victims of sexual assault; and (3)**]** a pap test every six months for women who

have tested HIV positive.

[(e) The Commissioner of Public Health shall report annually to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations. The report shall include, but not be limited to, a description of the rate of breast cancer and cervical cancer morbidity and mortality in this state and the extent of participation in breast cancer and cervical cancer screening.**]**

[(f)**]** (e) The organizations providing the testing and treatment services shall report to the Department of Public Health the names of the insurer of each underinsured woman being tested to facilitate recoupment.

Sec. 30. Subdivisions (8) and (9) of section 19a-177 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective from passage*):

(8) (A) Not later than October 1, 2001, develop or cause to be developed a data collection system that will follow a patient from initial entry into the emergency medical service system through arrival at the emergency room and, within available appropriations, may expand the data collection system to include clinical treatment and patient outcome data. The commissioner shall, on a quarterly basis, collect the following information from each licensed ambulance service or certified ambulance service that provides emergency medical services: (i) The total number of calls for emergency medical services received by such licensed ambulance service or certified ambulance service through the 9-1-1 system during the reporting period; (ii) each level of emergency medical services, as defined in regulations adopted pursuant to section 19a-179, required for each such call; (iii) the response time for each licensed ambulance service or certified ambulance service during the reporting period; (iv) the number of passed calls, cancelled calls and mutual aid calls during the reporting

period; and (v) for the reporting period, the prehospital data for the nonscheduled transport of patients required by regulations adopted pursuant to subdivision (6) of this section. The information required under this subdivision may be submitted in any written or electronic form selected by such licensed ambulance service or certified ambulance service and approved by the commissioner, provided the commissioner shall take into consideration the needs of such licensed ambulance service or certified ambulance service in approving such written or electronic form. The commissioner may conduct an audit of any such licensed ambulance service or certified ambulance service as the commissioner deems necessary in order to verify the accuracy of such reported information.

(B) The commissioner shall prepare a report to the Emergency Medical Services Advisory Board, established pursuant to section 19a-178a, that shall include, but not be limited to, the following information: (i) The total number of calls for emergency medical services received during the reporting year by each licensed ambulance service or certified ambulance service; (ii) the level of emergency medical services required for each such call; (iii) the name of the provider of each such level of emergency medical services furnished during the reporting year; (iv) the response time, by time ranges or fractile response times, for each licensed ambulance service or certified ambulance service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179; and (v) the number of passed calls, cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such information for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban and rural classifications. **[**Not later than March 31, 2002, and annually thereafter, the commissioner shall submit such report to the joint standing committee of the General Assembly having cognizance of matters

relating to public health, shall make such report available to the public and shall post such report on the Department of Public Health web site on the Internet.**]**

(C) If any licensed ambulance service or certified ambulance service does not submit the information required under subparagraph (A) of this subdivision for a period of six consecutive months, or if the commissioner believes that such licensed ambulance service or certified ambulance service knowingly or intentionally submitted incomplete or false information, the commissioner shall issue a written order directing such licensed ambulance service or certified ambulance service to comply with the provisions of subparagraph (A) of this subdivision and submit all missing information or such corrected information as the commissioner may require. If such licensed ambulance service or certified ambulance service fails to fully comply with such order not later than three months from the date such order is issued, the commissioner (i) shall conduct a hearing, in accordance with chapter 54, at which such licensed ambulance service or certified ambulance service shall be required to show cause why the primary service area assignment of such licensed ambulance service or certified ambulance service should not be revoked, and (ii) may take such disciplinary action under section 19a-17, as amended by this act, as the commissioner deems appropriate.

(D) **[**On and after October 1, 2006, the**]** The commissioner shall collect the information required by subparagraph (A) of this subdivision, in the manner provided in said subparagraph, from each person or emergency medical service organization licensed or certified under section 19a-180 that provides emergency medical services; **[**. On and after October 1, 2006, such information shall be included in the annual report prepared by the commissioner in accordance with subparagraph (B) of this subdivision and such person or emergency medical service organization shall be subject to the provisions of

subparagraph (C) of this subdivision;**]**

(9) (A) Establish rates for the conveyance of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance services, provided (i) the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision, and (ii) any rate increase not in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, filed in accordance with subparagraph (B)(iii) of this subdivision shall be deemed approved by the commissioner. For purposes of this subdivision, licensed ambulance service shall not include emergency air transport services.

(B) Adopt regulations, in accordance with the provisions of chapter 54, establishing methods for setting rates and conditions for charging such rates. Such regulations shall include, but not be limited to, provisions requiring that on and after July 1, 2000: (i) Requests for rate increases may be filed no more frequently than once a year, except that, in any case where an agency's schedule of maximum allowable rates falls below that of the Medicare allowable rates for that agency, the commissioner shall immediately amend such schedule so that the rates are at or above the Medicare allowable rates; (ii) only licensed ambulance services and certified ambulance services that apply for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information with the commissioner, provided any hearing that the commissioner may hold concerning such application shall be conducted as a contested case in

accordance with chapter 54; (iii) licensed ambulance services and certified ambulance services that do not apply for a rate increase in any year in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, or that accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than July fifteenth of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service or certified ambulance service that is not applying for a rate increase, a written declaration by such licensed ambulance service or certified ambulance service that no change in its currently approved maximum allowable rates will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services and certified ambulance services to support a request for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service or certified ambulance service.

(C) Establish rates for licensed ambulance services and certified ambulance services for the following services and conditions: (i) "Advanced life support assessment" and "specialty care transports", which terms shall have the meaning provided in 42 CFR 414.605; and (ii) intramunicipality mileage, which means mileage for an ambulance transport when the point of origin and final destination for a transport is within the boundaries of the same municipality. The rates established by the commissioner for each such service or condition shall be equal to (I) the ambulance service's base rate plus its established advanced life support/paramedic surcharge when advanced life support assessment services are performed; (II) two

hundred twenty-five per cent of the ambulance service's established base rate for specialty care transports; and (III) "loaded mileage", as the term is defined in 42 CFR 414.605, multiplied by the ambulance service's established rate for intramunicipality mileage. Such rates shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision;

Sec. 31. Section 19a-4j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) There is established, within the Department of Public Health, an Office of Multicultural Health. The responsibility of the office is to improve the health of all Connecticut residents by eliminating differences in disease, disability and death rates among ethnic, racial and cultural populations.

(b) The department may apply for, accept and expend such funds as may be available from federal, state or other sources and may enter into contracts to carry out the responsibilities of the office.

(c) The office shall:

(1) With regard to health status: (A) Monitor the health status of African Americans; Latinos/Hispanics; Native Americans/Alaskan Natives; and Asians, Native Hawaiians and other Pacific Islanders; (B) compare the results of the health status monitoring with the health status of non-Hispanic Caucasians/whites; and (C) assess the effectiveness of state programs in eliminating differences in health status;

(2) Assess the health education and health resource needs of ethnic, racial and cultural populations listed in subdivision (1) of this subsection; and

(3) Maintain a directory of, and assist in development and

promotion of, multicultural and multiethnic health resources in Connecticut.

(d) The office may:

(1) Provide grants for culturally appropriate health education demonstration projects and may apply for, accept and expend public and private funding for such projects; and

(2) Recommend policies, procedures, activities and resource allocations to improve health among racial, ethnic and cultural populations in Connecticut.

[(e) The Commissioner of Public Health shall submit an annual report concerning the activities of the office to the Governor, the General Assembly, the Permanent Commission on the Status of Women established under section 46a-1, the Latino and Puerto Rican Affairs Commission established under section 2-120, the Indian Affairs Council established under section 47-59b and the Connecticut African-American Affairs Commission. The office shall also hold community workshops and use other means to disseminate its findings state-wide.**]**

Sec. 32. Subsection (c) of section 19a-493b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(c) Notwithstanding the provisions of this section, no outpatient surgical facility shall be required to comply with section 19a-631, 19a-632, 19a-644, 19a-645, 19a-646, 19a-649, 19a-654 to 19a-660, inclusive, 19a-662, 19a-664 to 19a-666, inclusive, 19a-669 to 19a-670a, inclusive, 19a-671, 19a-671a, 19a-672 to 19a-676, inclusive, 19a-678, or 19a-681 to 19a-683, inclusive. Each outpatient surgical facility shall continue to be subject to the obligations and requirements applicable to such facility, including, but not limited to, any applicable provision of this chapter

and those provisions of chapter 368z not specified in this subsection, except that a request for permission to undertake a transfer or change of ownership or control shall not be required pursuant to subsection (a) of section 19a-638 if the Office of Health Care Access division of the Department of Public Health determines that the following conditions are satisfied: (1) Prior to any such transfer or change of ownership or control, the outpatient surgical facility shall be owned and controlled exclusively by persons licensed pursuant to section 20-13 or chapter 375, either directly or through a limited liability company, formed pursuant to chapter 613, a corporation, formed pursuant to chapters 601 and 602, or a limited liability partnership, formed pursuant to chapter 614, that is exclusively owned by persons licensed pursuant to section 20-13 or chapter 375, or is under the interim control of an estate executor or conservator pending transfer of an ownership interest or control to a person licensed under section 20-13 or chapter 375, and (2) after any such transfer or change of ownership or control, persons licensed pursuant to section 20-13 or chapter 375, a limited liability company, formed pursuant to chapter 613, a corporation, formed pursuant to chapters 601 and 602, or a limited liability partnership, formed pursuant to chapter 614, that is exclusively owned by persons licensed pursuant to section 20-13 or chapter 375, shall own and control no less than a sixty per cent interest in the outpatient surgical facility.

Sec. 33. Subsection (c) of section 20-87a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) The practice of nursing by a licensed practical nurse is defined as the performing of selected tasks and sharing of responsibility under the direction of a registered nurse or an advanced practice registered nurse and within the framework of supportive and restorative care, health counseling and teaching, case finding and referral, collaborating

in the implementation of the total health care regimen and executing the medical regimen under the direction of a licensed physician, physician assistant, podiatrist, optometrist or dentist.

Sec. 34. Subsection (b) of section 19a-178a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(b) The advisory board shall consist of members appointed in accordance with the provisions of this subsection and shall include the Commissioner of Public Health and the department's emergency medical services medical director, or their designees. **[**, and each of the regional medical service coordinators appointed pursuant to section 19a-186a.**]** The Governor shall appoint the following members: One person from each of the regional emergency medical services councils; one person from the Connecticut Association of Directors of Health; three persons from the Connecticut College of Emergency Physicians; one person from the Connecticut Committee on Trauma of the American College of Surgeons; one person from the Connecticut Medical Advisory Committee; one person from the Emergency Department Nurses Association; one person from the Connecticut Association of Emergency Medical Services Instructors; one person from the Connecticut Hospital Association; two persons representing commercial ambulance providers; one person from the Connecticut Firefighters Association; one person from the Connecticut Fire Chiefs Association; one person from the Connecticut Chiefs of Police Association; one person from the Connecticut State Police; and one person from the Connecticut Commission on Fire Prevention and Control. An additional eighteen members shall be appointed as follows: Three by the president pro tempore of the Senate; three by the majority leader of the Senate; four by the minority leader of the Senate; three by the speaker of the House of Representatives; two by the majority leader of the House of Representatives and three by the

minority leader of the House of Representatives. The appointees shall include a person with experience in municipal ambulance services; a person with experience in for-profit ambulance services; three persons with experience in volunteer ambulance services; a paramedic; an emergency medical technician; an advanced emergency medical technician; three consumers and four persons from state-wide organizations with interests in emergency medical services as well as any other areas of expertise that may be deemed necessary for the proper functioning of the advisory board.

Sec. 35. Subsections (b) and (c) of section 17a-2 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(b) Said department shall constitute a successor department to the Department of Children and Youth Services, for the purposes of sections 2c-2b, 4-5, 4-38c, 4-60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-259, 7-127c, 8-206d, 10-8a, 10-15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-76g, 10-94g, 10-253, 17-86a, 17-294, 17-409, 17-437, 17-572, 17-578, 17-579, 17-585, 17a-1 to 17a-89, inclusive, 17a-90 to 17a-209, inclusive, 17a-218, 17a-277, 17a-450, 17a-458, 17a-474, 17a-560, 17a-511, 17a-634, 17a-646, 17a-659, 18-69, 18-69a, 18-87, 19a-78, **[**19a-125,**]** 19a-216, as amended by this act, 20-14i, 20-14j, 31-23, 31-306a, 38a-514, 45a-591 to 45a-705, inclusive, 45a-706 to 45a-770, inclusive, 46a-28, 46a-126, 46b-15 to 46b-19, inclusive, 46b-120 to 46b-159, inclusive, 54-56d, 54-142k, 54-199, 54-203 and in accordance with the provisions of sections 4-38d and 4-39.

(c) Whenever the words "Commissioner of Children and Youth Services", "Department of Children and Youth Services", or "Council on Children and Youth Services" are used in sections 2c-2b, 4-5, 4-38c, 4-60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-259, 7-127c, 8-206d, 10-8a, 10-15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-94g, 10-253, 17-86a, 17-294, 17-409, 17-437, 17-572, 17-578, 17-579, 17-585, 17a-1 to 17a-89, inclusive,

17a-90 to 17a-209, inclusive, 17a-218, 17a-277, 17a-450, 17a-458, 17a-474, 17a-511, 17a-634, 17a-646, 17a-659, 18-69, 18-69a, 18-87, 19a-78, **[**19a-125,**]** 19a-216, as amended by this act, 20-14i, 20-14j, 31-23, 31-306a, 38a-514, 45a-591 to 45a-705, inclusive, 45a-706 to 45a-770, inclusive, 46a-28, 46a-126, 46b-15 to 46b-19, inclusive, 46b-120 to 46b-159, inclusive, 54-56d, 54-142k, 54-199, 54-203, the words "Commissioner of Children and Families", "Department of Children and Families", and "Council on Children and Families" shall be substituted respectively in lieu thereof.

Sec. 36. Subsection (c) of section 28-24 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(c) Within a time period determined by the commissioner to ensure the availability of funds for the fiscal year beginning July 1, 1997, to the regional public safety emergency telecommunications centers within the state, and not later than April first of each year thereafter, the commissioner shall determine the amount of funding needed for the development and administration of the enhanced emergency 9-1-1 program. The commissioner shall specify the expenses associated with (1) the purchase, installation and maintenance of new public safety answering point terminal equipment, (2) the implementation of the subsidy program, as described in subdivision (2) of subsection (a) of this section, (3) the implementation of the transition grant program, described in subdivision (2) of subsection (a) of this section, (4) the implementation of the regional emergency telecommunications service credit, as described in subdivision (2) of subsection (a) of this section, provided, for the fiscal year ending June 30, 2001, and each fiscal year thereafter, such credit for coordinated medical emergency direction services as provided in regulations adopted under this section shall be based upon the factor of thirty cents per capita and shall not be reduced each year, (5) the training of personnel, as necessary, (6) recurring expenses and future capital costs associated with the

telecommunications network used to provide emergency 9-1-1 service and the public safety services data networks, (7) for the fiscal year ending June 30, 2001, and each fiscal year thereafter, the collection, maintenance and reporting of emergency medical services data, as required under **[**subparagraphs (A) and (B)**]** subparagraph (A) of subdivision (8) of section 19a-177, as amended by this act, provided the amount of expenses specified under this subdivision shall not exceed two hundred fifty thousand dollars in any fiscal year, (8) for the fiscal year ending June 30, 2001, and each fiscal year thereafter, the initial training of emergency medical dispatch personnel, the provision of an emergency medical dispatch priority reference card set and emergency medical dispatch training and continuing education pursuant to subdivisions (3) and (4) of subsection (g) of section 28-25b, and (9) the administration of the enhanced emergency 9-1-1 program by the Office of State-Wide Emergency Telecommunications, as the commissioner determines to be reasonably necessary. The commissioner shall communicate the commissioner's findings to the chairperson of the Public Utilities Control Authority not later than April first of each year.

Sec. 37. Subdivision (10) of subsection (b) of section 1-210 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(10) Records, tax returns, reports and statements exempted by federal law or **[**state**]** the general statutes or communications privileged by the attorney-client relationship, marital relationship, clergy-penitent relationship, doctor-patient relationship, therapist-patient relationship or any other privilege established by the common law or the general statutes, including any such records, tax returns, reports or communications that were created or made prior to the establishment of the applicable privilege under the common law or the general statutes;

Sec. 38. Subsection (b) of section 1-210 of the general statutes is

amended by adding subdivision (26) as follows (*Effective October 1, 2011*):

(NEW) (26) All records obtained during the course of inspection, investigation, examination and audit activities of an institution, as defined in section 19a-490, that are confidential pursuant to a contract between the Department of Public Health and the United States Department of Health and Human Services relating to the Medicare and Medicaid programs.

Sec. 39. Subsections (a) and (b) of section 19a-32f of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) (1) There is established a Stem Cell Research Advisory Committee. The committee shall consist of the Commissioner of Public Health, or the commissioner's designee, and eight members who shall be appointed as follows: Two by the Governor, one of whom shall be nationally recognized as an active investigator in the field of stem cell research and one of whom shall have background and experience in the field of bioethics; one each by the president pro tempore of the Senate and the speaker of the House of Representatives, who shall have background and experience in private sector stem cell research and development; one each by the majority leaders of the Senate and House of Representatives, who shall be academic researchers specializing in stem cell research; one by the minority leader of the Senate, who shall have background and experience in either private or public sector stem cell research and development or related research fields, including, but not limited to, embryology, genetics or cellular biology; and one by the minority leader of the House of Representatives, who shall have background and experience in business or financial investments. Members shall serve for a term of four years commencing on October first, except that members first appointed by the Governor and the majority leaders of the Senate and

House of Representatives shall serve for a term of two years. No member may serve for more than two consecutive four-year terms and no member may serve concurrently on the Stem Cell Research Peer Review Committee established pursuant to section 19a-32g. All initial appointments to the committee shall be made by October 1, 2005. Any vacancy shall be filled by the appointing authority.

(2) On and after July 1, 2006, the advisory committee shall include eight additional members who shall be appointed as follows: Two by the Governor, one of whom shall be nationally recognized as an active investigator in the field of stem cell research and one of whom shall have background and experience in the field of ethics; one each by the president pro tempore of the Senate and the speaker of the House of Representatives, who shall have background and experience in private sector stem cell research and development; one each by the majority leaders of the Senate and House of Representatives, who shall be academic researchers specializing in stem cell research; one by the minority leader of the Senate, who shall have background and experience in either private or public sector stem cell research and development or related research fields, including, but not limited to, embryology, genetics or cellular biology; and one by the minority leader of the House of Representatives, who shall have background and experience in business or financial investments. Members shall serve for a term of four years, except that (A) members first appointed by the Governor and the majority leaders of the Senate and House of Representatives pursuant to this subdivision shall serve for a term of two years and three months, and (B) members first appointed by the remaining appointing authorities shall serve for a term of four years and three months. No member appointed pursuant to this subdivision may serve for more than two consecutive four-year terms and no such member may serve concurrently on the Stem Cell Research Peer Review Committee established pursuant to section 19a-32g. All initial appointments to the committee pursuant to this subdivision shall be

made by July 1, 2006. Any vacancy shall be filled by the appointing authority.

(b) The Commissioner of Public Health, or the commissioner's designee, shall serve as the chairperson of the committee and shall schedule the first meeting of the committee, which shall be held no later than December 1, 2005.

Sec. 40. Subdivision (4) of subsection (a) of section 20-74ee of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(4) Nothing in subsection (c) of section 19a-14, as amended by this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a **[**Nuclear Medicine Technologist certified by the Nuclear Medicine Technology Certification Board**]** technologist certified by the International Society for Clinical Densitometry or the American Registry of Radiologic Technologists, provided such individual is engaged in the operation of a bone densitometry system under the supervision, control and responsibility of a physician licensed pursuant to chapter 370.

Sec. 41. Section 19a-270 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

The first selectman of any town, the mayor of any city, the administrative head of any state correctional institution or the superintendent or person in charge of any almshouse, asylum, hospital, morgue or other public institution which is supported, in whole or in part, at public expense, having in his or her possession or control the dead body of any person which, if not claimed as provided in this section, would have to be buried at public expense, or at the expense of any such institution, shall, immediately upon the death of

such person, notify such person's relatives thereof, if known, and, if such relatives are not known, shall notify the person or persons bringing or committing such person to such institution. Such official shall, within twenty-four hours from the time such body came into his or her possession or control, give notice thereof to the Department of Public Health and shall deliver such body to The University of Connecticut, Quinnipiac University, the Yale University School of Medicine or the University of Bridgeport College of Chiropractic or its successor institution, as said department may direct and in accordance with an agreement to be made among said universities in such manner as is directed by said department and at the expense of the university receiving the body, if The University of Connecticut, Quinnipiac University, Yale University, or the University of Bridgeport College of Chiropractic or its successor institution, at any time within one year, has given notice to any of such officials that such bodies would be needed for the purposes specified in section 19a-270b; provided any such body shall not have been claimed by a relative, either by blood or marriage, or a legal representative of such deceased person prior to delivery to any of said universities. The university receiving such body shall not embalm such body for a period of at least forty-eight hours after death, and any relative, either by blood or marriage, or a legal representative of such deceased person may claim such body during said period. If any such body is not disposed of in either manner specified in this section, it may be cremated or buried. When any person has in his or her possession or control the dead body of any person which would have to be buried at public expense or at the expense of any such institution, he or she shall, within forty-eight hours after such body has come into his or her possession or control, file, with the registrar of the town within which such death occurred, a certificate of death as provided in section 7-62b, unless such certificate has been filed by a funeral director. Before any such body is removed to any of said universities, the official or person contemplating such removal shall secure a removal, transit and burial permit which shall

be delivered with the body to the official in charge of such university, who shall make return of such removal, transit and burial permit in the manner provided in section 7-66.

Sec. 42. (*Effective from passage*) Notwithstanding the provisions of subsection (a) of section 20-206bb of the general statutes, during the period commencing on the effective date of this section and ending thirty days after said effective date, the Department of Public Health shall issue a license as an acupuncturist under chapter 384c of the general statutes to any applicant who presents satisfactory evidence to the department that the applicant: (1) Passed the National Commission for the Certification of Acupuncture and Oriental Medicine written examination by test or by credentials review prior to April 28, 2010; (2) successfully completed the practical examination of point location skills offered by the National Commission for the Certification of Acupuncture and Oriental Medicine; and (3) successfully completed the Clean Needle Technique Course offered by the Council of Colleges of Acupuncture and Oriental Medicine on March 13, 2010.

Sec. 43. Section 19a-902 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

On or before January 1, 2011, the Department of Public Health, in consultation with the Department of Mental Health and Addiction Services, shall (1) amend the department's substance abuse treatment regulations; **[**and shall**]** (2) implement a dual licensure program for behavioral health care providers who provide both mental health services and substance abuse services, and (3) permit the use of saliva-based drug screening or urinalysis when conducting initial and subsequent drug screenings of persons who abuse substances other than alcohol at facilities which are licensed by the Department of Public Health.

Sec. 44. Section 19a-6i of the general statutes is repealed and the

following is substituted in lieu thereof (*Effective from passage*):

[The committee established under section 51 of public act 06-195 shall meet at least once every calendar quarter and report annually to the joint standing committees of the General Assembly having cognizance of matters relating to public health and education, in accordance with the provisions of section 11-4a, on recommended statutory and regulatory changes to improve health care through access to school-based health clinics.**]**

(a) There is established a school-based health center advisory committee for the purpose of assisting the Commissioner of Public Health in developing recommendations for statutory and regulatory changes to improve health care through access to school-based health centers.

(b) The committee shall be composed of the following members:

(1) The Commissioner of Public Health, or the commissioner's designee;

(2) The Commissioner of Social Services, or the commissioner's designee;

(3) The Commissioner of Mental Health and Addiction Services, or the commissioner's designee;

(4) The Commissioner of Education, or the commissioner's designee; and

(5) Three school-based health center providers who shall be appointed by the board of directors of the Connecticut Association of School-Based Health Centers.

(c) The committee shall meet not less than quarterly. On or before January 1, 2012, and annually thereafter, the committee shall report, in

accordance with the provisions of section 11-4a, on its activities to the joint standing committees of the General Assembly having cognizance of matters relating to public health and education.

(d) Administrative support for the activities of the committee may be provided by the Connecticut Association of School-Based Health Centers.

Sec. 45. Section 20-12i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) On and after October 1, 2011, prior to engaging in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures, a physician assistant shall: (1) Successfully complete a course that includes forty hours of **[**training on topics that include, but are**]** didactic instruction relevant to fluoroscopy which includes, but is not limited to, **[**radiation physics, radiation biology, radiation safety and radiation management applicable to fluoroscopy, provided not less than ten hours of such training shall address radiation safety and not less than fifteen hours of such training shall address both radiation physics and**]** radiation biology and physics, exposure reduction, equipment operation, image evaluation, quality control and patient considerations; (2) successfully complete a minimum of forty hours of supervised clinical experience that includes a demonstration of patient dose reduction, occupational dose reduction, image recording and quality control of fluoroscopy equipment; and **[**(2)**]** (3) pass an examination prescribed by the Commissioner of Public Health. Documentation that the physician assistant has met the requirements prescribed in this subsection shall be maintained at the employment site of the physician assistant and made available to the Department of Public Health upon request.

(b) Notwithstanding the provisions of this section or sections 20-74bb and 20-74ee, as amended by this act, nothing shall prohibit a

physician assistant **[**from**]** who is engaging in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures or **[**from**]** positioning and utilizing a mini C-arm in conjunction with fluoroscopic procedures prior to October 1, 2011, from continuing to engage in such procedures, nor require the physician assistant to complete the course or supervised clinical experience described in subsection (a) of this section, provided such physician assistant shall pass the examination prescribed by the commissioner on or before **[**October 1, 2011**]** July 1, 2012. If a physician assistant does not pass the required examination on or before **[**October 1, 2011**]** July 1, 2012, such physician assistant shall not engage in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures or position and utilize a mini C-arm in conjunction with fluoroscopic procedures until such time as such physician assistant meets the requirements of subsection (a) of this section.

Sec. 46. Section 19a-87e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) The Commissioner of Public Health may (1) refuse to license under section 19a-87b, as amended by this act, a person to own, conduct, operate or maintain a family day care home, as defined in section 19a-77, as amended by this act, **[**or to**]** (2) refuse to approve under section 19a-87b, as amended by this act, a person to act as an assistant or substitute staff member in a family day care home, as defined in section 19a-77, as amended by this act, or (3) suspend or revoke the license or approval or take any other action that may be set forth in regulation that may be adopted pursuant to section 19a-79 if the person who owns, conducts, maintains or operates the family day care home, the person who acts as an assistant or substitute staff member in a family day care home or a person employed in such family day care home in a position connected with the provision of care to a child receiving child day care services, has been convicted, in

this state or any other state of a felony, as defined in section 53a-25, involving the use, attempted use or threatened use of physical force against another person, or has a criminal record in this state or any other state that the commissioner reasonably believes renders the person unsuitable to own, conduct, operate or maintain or be employed by a family day care home, or act as an assistant or substitute staff member in a family day care home, or if such persons or a person residing in the household has been convicted in this state or any other state of cruelty to persons under section 53-20, injury or risk of injury to or impairing morals of children under section 53-21, abandonment of children under the age of six years under section 53-23, or any felony where the victim of the felony is a child under eighteen years of age, a violation of section 53a-70, 53a-70a, 53a-70b, 53a-71, 53a-72a, 53a-72b or 53a-73a, illegal manufacture, distribution, sale, prescription, dispensing or administration under section 21a-277 or 21a-278, or illegal possession under section 21a-279, or if such person, a person who acts as assistant or substitute staff member in a family day care home or a person employed in such family day care home in a position connected with the provision of care to a child receiving child day care services, either fails to substantially comply with the regulations adopted pursuant to section 19a-87b, as amended by this act, or conducts, operates or maintains the home in a manner which endangers the health, safety and welfare of the children receiving child day care services. Any refusal of a license or approval pursuant to this section shall be rendered in accordance with the provisions of sections 46a-79 to 46a-81, inclusive. Any person whose license or approval has been revoked pursuant to this section shall be ineligible to apply for a license or approval for a period of one year from the effective date of revocation.

(b) When the commissioner intends to suspend or revoke a license or approval or take any other action against a license or approval set forth in regulation adopted pursuant to section 19a-79, the

commissioner shall notify the licensee or approved staff member in writing of the commissioner's intended action. The licensee or approved staff member may, if aggrieved by such intended action, make application for a hearing in writing over the licensee's or approved staff member's signature to the commissioner. The licensee or approved staff member shall state in the application in plain language the reasons why the licensee or approved staff member claims to be aggrieved. The application shall be delivered to the commissioner within thirty days of the licensee's or approved staff member's receipt of notification of the intended action. The commissioner shall thereupon hold a hearing within sixty days from receipt of such application and shall, at least ten days prior to the date of such hearing, mail a notice, giving the time and place of the hearing, to the licensee or approved staff member. The provisions of this subsection shall not apply to the denial of an initial application for a license or approval under section 19a-87b, as amended by this act, provided the commissioner shall notify the applicant of any such denial and the reasons for such denial by mailing written notice to the applicant at the applicant's address shown on the license or approval application.

(c) Any person who is licensed to conduct, operate or maintain a family day care home or approved to act as an assistant or substitute staff member in a family day care home shall notify the commissioner of any conviction of the owner, conductor, operator or maintainer of the family day care home or of any person residing in the household or any person employed in such family day care home in a position connected with the provision of care to a child receiving child day care services, of a crime which affects the commissioner's discretion under subsection (a) of this section, immediately upon obtaining knowledge of such conviction. Failure to comply with the notification requirement of this subsection may result in the suspension or revocation of the license or approval or the taking of any other action against a license or

approval set forth in regulation adopted pursuant to section 19a-79 and shall subject the licensee or approved staff member to a civil penalty of not more than one hundred dollars per day for each day after the person obtained knowledge of the conviction.

(d) It shall be a class A misdemeanor for any person seeking employment in a position connected with the provision of care to a child receiving family day care home services to make a false written statement regarding prior criminal convictions pursuant to a form bearing notice to the effect that such false statements are punishable, which statement such person does not believe to be true and is intended to mislead the prospective employer.

(e) Any person having reasonable cause to believe that a family day care home, as defined in section 19a-77, is operating without a current and valid license or in violation of the regulations adopted under section 19a-87b, as amended by this act, or in a manner which may pose a potential danger to the health, welfare and safety of a child receiving child day care services, may report such information to any office of the Department of Public Health. The department shall investigate any report or complaint received pursuant to this subsection. The name of the person making the report or complaint shall not be disclosed unless (1) such person consents to such disclosure, (2) a judicial or administrative proceeding results from such report or complaint, or (3) a license action pursuant to subsection (a) of this section results from such report or complaint. All records obtained by the department in connection with any such investigation shall not be subject to the provisions of section 1-210, as amended by this act, for a period of thirty days from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A formal statement of charges issued by the department shall

be subject to the provisions of section 1-210, as amended by this act, from the time that it is served or mailed to the respondent. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this section.

Sec. 47. Subsection (g) of section 20-222 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(g) Any person, firm, partnership or corporation engaged in the funeral service business shall maintain at the address of record of the funeral service business identified on the certificate of inspection:

(1) All records relating to contracts for funeral services, prepaid funeral service contracts or escrow accounts for a period of not less than six years after the death of the individual for whom funeral services were provided;

(2) Copies of all death certificates, burial permits, authorizations for cremation, documentation of receipt of cremated remains and written agreements used in making arrangements for final disposition of dead human bodies, including, but not limited to, copies of the final bill and other written evidence of agreement or obligation furnished to consumers, for a period of not less than six years after such final disposition; and

(3) Copies of price lists, for a period of not less than six years from the last date such lists were distributed to consumers.

Sec. 48. Section 20-222b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) Each person, firm or corporation that carries on or engages in a funeral service business, as defined in section 20-207, shall display, on

a sign located immediately inside of such funeral service business, in a place proximate to the display of the license and certificate required by this chapter and in a manner visible to the public, the following ownership information:

(1) The name of every licensed funeral director, as defined in section 20-207, who holds an ownership interest of ten per cent or more in the corporation, limited liability company, partnership, limited partnership or other business entity that operates such funeral service business; and

(2) The name of any corporation, limited liability company, partnership, **[**or**]** limited partnership or other business entity that holds an ownership interest of ten per cent or more in such funeral service business.

(b) Each person, firm or corporation that carries on or engages in such funeral service business shall include, on any contract for the sale of funeral services or merchandise, the name, business address and business telephone number of any corporation, limited liability company, partnership, **[**or**]** limited partnership or other business entity that holds an ownership interest of ten per cent or more in such funeral service business.

Sec. 49. Section 20-222c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

Upon the transfer of more than a fifty per cent ownership share, discontinuance or termination of a funeral service business, the person, firm, partnership or corporation to whom the inspection certificate has been issued shall:

(1) Notify each person who has purchased a prepaid funeral service contract from such funeral service business of such transfer, discontinuance or termination;

(2) Mail a letter to each person for whom the funeral service business is storing cremated remains notifying such person of such transfer, discontinuance or termination; and

(3) Provide the Department of Public Health with a notice of such transfer, discontinuance or termination and a list of all unclaimed cremated remains held by the funeral service business at the time of such transfer, discontinuance or termination not later than ten days after any such transfer, discontinuance or termination.

Sec. 50. (*Effective from passage*) (a) As used in this section:

(1) "Electronic technology" or "telepharmacy" means the process: (A) By which each step involved in the preparation of IV admixtures is verified through use of a bar code tracking system and documented by means of digital photographs which are electronically recorded and preserved; and (B) which is monitored and verified through video and audio communication between a licensed supervising clinical pharmacist and a pharmacy technician;

(2) "IV admixture" means an IV fluid to which one or more additional drug products have been added;

(3) "Pharmacist" means an individual who is licensed to practice pharmacy under the provisions of section 20-590, 20-591, 20-592 or 20-593 of the general statutes, and who is thereby recognized as a health care provider by the state of Connecticut; and

(4) "Pharmacy technician" means an individual who is registered with the department and qualified in accordance with section 20-598a of the general statutes.

(b) The Commissioner of Consumer Protection, in consultation with the Commissioner of Public Health, may establish a pilot program to permit a hospital, licensed in accordance with the provisions of chapter

368v of the general statutes, which operates a hospital pharmacy to use electronic technology or telepharmacy at the hospital's satellite or remote locations for purposes of allowing a clinical pharmacist to supervise pharmacy technicians in the preparation of IV admixtures. Under the pilot program, notwithstanding the provisions of chapter 400j of the general statutes or regulations adopted pursuant to said chapter, a clinical pharmacist shall be permitted to supervise a pharmacy technician through use of electronic technology. A supervising clinical pharmacist shall monitor and verify the activities of a pharmacy technician through audio and video communication. In the event of a malfunction of the electronic technology, no IV admixtures prepared by a pharmacy technician during the time period of the malfunction may be distributed to patients, unless an appropriately licensed individual is able to: (1) Personally review and verify the accuracy of all processes utilized in the preparation of the IV admixture; or (2) upon the restoration of the electronic technology, utilize the mechanisms of the electronic technology which recorded the actions of the pharmacy technician to confirm that all proper steps were followed in the preparation of the IV admixture. Under the pilot program, all orders for medication shall be verified by a pharmacist prior to being delegated to a pharmacy technician for preparation of an IV admixture. A hospital participating in the pilot program shall ensure that appropriately licensed personnel administer medications at the hospital's satellite or remote locations. All of the processes involved in the operation of the pilot program shall be under the purview of the hospital's director of pharmacy.

(c) A hospital selected to participate in the pilot program shall undertake periodic quality assurance evaluations which shall minimally include review of any error in medication administration which occurs under the pilot program. A hospital shall make such quality assurance evaluations available for review and inspection by the Departments of Consumer Protection and Public Health.

(d) A pilot program established pursuant to this section may commence operation on or after July 1, 2011, and shall terminate not later than December 31, 2012, provided the Commissioner of Consumer Protection may terminate the pilot program prior to December 31, 2012, for good cause shown.

Sec. 51. Subsection (d) of section 4b-3 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(d) Notwithstanding any other statute or special act to the contrary, the Commissioner of Public Works shall be the sole person authorized to represent the state in its dealings with third parties for the acquisition, construction, development or leasing of real estate for housing the offices or equipment of all agencies of the state or for the state-owned public buildings or realty hereinafter provided for in sections 2-90, 4b-1 to 4b-5, inclusive, 4b-21, 4b-23, 4b-24, 4b-26, 4b-27, 4b-30 and 4b-32, subsection (c) of section 4b-66 and sections 4b-67 to 4b-69, inclusive, 4b-71, 4b-72, 10-95, 10a-72, 10a-89, 10a-90, 10a-114, 10a-130, 10a-144, 17b-655, 22-64, 22a-324, 26-3, 27-45, 32-1c, 32-39, 48-9, 51-27d and 51-27f, except that (1) the Joint Committee on Legislative Management may represent the state in the planning and construction of the Legislative Office Building and related facilities, in Hartford; (2) the Chief Court Administrator may represent the state in providing for space for the Court Support Services Division as part of a new or existing contract for an alternative incarceration program pursuant to section 54-103b or a program developed pursuant to section 46b-121i, 46b-121j, 46b-121k or 46b-121*l*; (3) the board of trustees of a constituent unit of the state system of higher education may represent the state in the leasing of real estate for housing the offices or equipment of such constituent unit, provided no lease payments for such realty are made with funds generated from the general revenues of the state; (4) the Labor Commissioner may represent the state in the leasing of premises

required for employment security operations as provided in subsection (c) of section 31-250; (5) the Commissioner of Developmental Services may represent the state in the leasing of residential property as part of the program developed pursuant to subsection (b) of section 17a-218, provided such residential property does not exceed two thousand five hundred square feet, for the community placement of persons eligible to receive residential services from the department; (6) the Commissioner of Mental Health and Addiction Services may represent the state in the leasing of residential units as part of a program developed pursuant to section 17a-455a, provided each such residential unit does not exceed two thousand five hundred square feet; and (7) the Connecticut Marketing Authority may represent the state in the leasing of land or markets under the control of the Connecticut Marketing Authority, and, except for the housing of offices or equipment in connection with the initial acquisition of an existing state mass transit system or the leasing of land by the Connecticut Marketing Authority for a term of one year or more in which cases the actions of the Department of Transportation and the Connecticut Marketing Authority shall be subject to the review and approval of the State Properties Review Board. The Commissioner of Public Works shall have the power to establish and implement any procedures necessary for the commissioner to assume the commissioner's responsibilities as said sole bargaining agent for state realty acquisitions and shall perform the duties necessary to carry out such procedures. The Commissioner of Public Works may appoint, within the commissioner's budget and subject to the provisions of chapter 67, such personnel deemed necessary by the commissioner to carry out the provisions hereof, including experts in real estate, construction operations, financing, banking, contracting, architecture and engineering. The Attorney General's office, at the request of the commissioner, shall assist the commissioner in contract negotiations regarding the purchase, lease or construction of real estate.

Sec. 52. Subsection (h) of section 19a-533 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(h) Notwithstanding the provisions of this section, a nursing home may, without regard to the order of its waiting list, admit an applicant who (1) seeks to transfer from a nursing home that is closing, or (2) seeks to transfer from a nursing home in which the applicant was placed following the closure of the nursing home where such applicant previously resided or, in the case of a nursing home placed in receivership, the anticipated closure of the nursing home where such applicant previously resided, provided (A) the transfer occurs not later than sixty days following the date that such applicant was transferred from the nursing home where he or she previously resided, and (B) the applicant submitted an application to the nursing home to which he or she seeks admission at the time of the applicant's transfer from the nursing home where he or she previously resided.

Sec. 53. Section 20-206aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

As used in this section and sections 20-206bb, as amended by this act, and 20-206cc:

(1) "Commissioner" means the Commissioner of Public Health.

(2) "Department" means the Department of Public Health.

(3) **[**"Acupuncture" means the treating, by means of mechanical, thermal or electrical stimulation effected by the insertion of needles or by the application of heat, pressure or electrical stimulation at a point or combination of points on the surface of the body predetermined on the basis of the theory of physiological interrelationship of body organs with an associated point or combination of points for diseases, disorders and dysfunctions of the body for the purpose of achieving a

therapeutic or prophylactic effect but shall not include the practice of physical therapy.**]** "The practice of acupuncture" means the system of restoring and maintaining health by the classical and modern Oriental medicine principles and methods of assessment, treatment and prevention of diseases, disorders and dysfunctions of the body, injury, pain and other conditions. The practice of acupuncture includes:

(A) Assessment of body function, development of a comprehensive treatment plan and evaluation of treatment outcomes according to acupuncture and Oriental medicine theory;

(B) Modulation and restoration of normal function in and between the body's energetic and organ systems and biochemical, metabolic and circulation functions using stimulation of selected points by inserting needles, including, trigger point, subcutaneous and dry needling, and other methods consistent with accepted standards within the acupuncture and Oriental medicine profession;

(C) Promotion and maintenance of normal function in the body's energetic and organ systems and biochemical, metabolic and circulation functions by recommendation of Oriental dietary principles, including, use of herbal and other supplements, exercise and other self-treatment techniques according to Oriental medicine theory; and

(D) Other practices that are consistent with the recognized standards of the acupuncture and Oriental medicine profession and accepted by the National Certification Commission for Acupuncture and Oriental Medicine.

(4) "Recognized regional accrediting body" means one of the following regional accrediting bodies: New England Association of Schools and Colleges; Middle States Association of Colleges and Schools; North Central Association of Colleges and Schools; Northwest

Association of Schools and Colleges; Southern Association of Colleges and Schools; and Western Association of Schools and Colleges.

Sec. 54. Section 20-206bb of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) No person shall **[**perform**]** engage in the practice of acupuncture without a license as an acupuncturist issued pursuant to this section.

(b) Each person seeking licensure as an acupuncturist shall make application on forms prescribed by the department, pay an application fee of two hundred dollars and present to the department satisfactory evidence that the applicant (1) has completed sixty semester hours, or its equivalent, of postsecondary study in an institution of postsecondary education that, if in the United States or its territories, was accredited by a recognized regional accrediting body or, if outside the United States or its territories, was legally chartered to grant postsecondary degrees in the country in which located, (2) has successfully completed a course of study in acupuncture in a program that, at the time of graduation, was in candidate status with or accredited by an accrediting agency recognized by the United States Department of Education and included a minimum of one thousand three hundred fifty hours of didactic and clinical training, five hundred of which were clinical, (3) has passed an examination prescribed by the department, and (4) has successfully completed a course in clean needle technique prescribed by the department. Any person successfully completing the education, examination or training requirements of this section in a language other than English shall be deemed to have satisfied the requirement completed in that language.

(c) An applicant for licensure as an acupuncturist by endorsement shall present evidence satisfactory to the commissioner of licensure or certification as an acupuncturist, or as a person entitled to perform similar services under a different designation, in another state or

jurisdiction whose requirements for practicing in such capacity are equivalent to or higher than those of this state and that there are no disciplinary actions or unresolved complaints pending. Any person completing the requirements of this section in a language other than English shall be deemed to have satisfied the requirements of this section.

(d) Notwithstanding the provisions of subsection (b) of this section, the department shall, prior to September 1, 2005, issue a license to any applicant who presents to the department satisfactory evidence that the applicant has (1) earned, or successfully completed requirements for, a master's degree in acupuncture from a program that includes a minimum of one thousand three hundred fifty hours of didactic and clinical training, five hundred of which are clinical, from an institution of higher education accredited by the Department of Higher Education at the time of the applicant's graduation, (2) passed all portions of the National Certification Commission for Acupuncture and Oriental Medicine acupuncture examination, including the acupuncture portion of the comprehensive written examination in acupuncture, the clean needle technique portion of the comprehensive written examination in acupuncture and the practical examination of point location skills, and (3) successfully completed a course in clean needle technique offered by the Council of Colleges of Acupuncture and Oriental Medicine.

(e) Licenses shall be renewed once every two years in accordance with the provisions of subsection (e) of section 19a-88. The fee for renewal shall be two hundred fifty dollars.

(f) No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint in this or any other state or territory of the United States.

(g) Nothing in section 19a-89c, 20-206aa, <u>as amended by this act,</u>

20-206cc or this section shall be construed to prevent licensed practitioners of the healing arts, as defined in sections 20-1 and 20-196, physical therapists or dentists from providing care or performing services consistent with accepted standards within their respective professions.

(h) Notwithstanding the provisions of subsection (a) of this section, any person certified by an organization approved by the Commissioner of Public Health may practice auricular acupuncture for the treatment of alcohol and drug abuse, provided the treatment is performed under the supervision of a physician licensed under chapter 370 and is performed in either (1) a private free-standing facility licensed by the Department of Public Health for the care or treatment of substance abusive or dependent persons, or (2) a setting operated by the Department of Mental Health and Addiction Services. The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to ensure the safe provision of auricular acupuncture within private free-standing facilities licensed by the Department of Public Health for the care or treatment of substance abusive or dependent persons.

(i) Notwithstanding the provisions of subsection (a) of this section, no license to **[**practice**]** engage in the practice of acupuncture is required of: (1) Students enrolled in a college or program of acupuncture if (A) the college or program is recognized by the Accreditation Commission for Acupuncture and Oriental Medicine or licensed or accredited by the Board of Governors of Higher Education, and (B) the practice that would otherwise require a license is pursuant to a course of instruction or assignments from a licensed instructor and under the supervision of the instructor; or (2) **[**licensed**]** faculty members providing the didactic and clinical training necessary to meet the accreditation standards of the Accreditation Commission for Acupuncture and Oriental Medicine at a college or program

recognized by the commission or licensed or accredited by the Board of Governors of Higher Education. For purposes of this subsection, **[**"licensed faculty member" and**]** "licensed instructor" means a faculty member or instructor licensed under this section or otherwise authorized to **[**practice**]** engage in the practice of acupuncture in this state.

(j) No person shall use the title "acupuncturist", or use in connection with his or her name, any letters, words or insignia indicating or implying that such person is a licensed acupuncturist or advertise services as an acupuncturist, unless such person holds a license as an acupuncturist issued pursuant to this section. No person shall represent himself or herself as being certified to practice auricular acupuncture for the treatment of alcohol and drug abuse, or use in connection with his or her name the term "acupuncture detoxification specialist", or the letters "A.D.S." or any letters, words or insignia indicating or implying that such person is certified to practice auricular acupuncture for the treatment of alcohol and drug abuse unless such person is certified in accordance with subsection (h) of this section. Nothing in this subsection shall be construed to prevent a person from providing care, or performing or advertising services within the scope of such person's license or as otherwise authorized in this section.

Sec. 55. (*Effective from passage*) The Nonprofit Liaison to the Governor, in consultation with the Commissioners of Public Health, Developmental Services, Social Services, Children and Families and Mental Health and Addiction Services, or said commissioners' designees, and two representatives of community-based providers selected by the Nonprofit Liaison to the Governor, one of whom shall be recommended by the Connecticut Association of Nonprofits and one of whom shall be recommended by the Connecticut Community Providers Association, shall study the feasibility of (1) establishing a

uniform state licensing process for community-based providers, and (2) implementing deemed status. Such study shall minimally examine whether a community-based provider may be allowed to obtain a single state license that permits the provider to offer services for the benefit of multiple state agencies without requiring such provider to obtain separate licensure from each state agency for which services are offered. On or before January 1, 2012, the Nonprofit Liaison to the Governor shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services on the feasibility of (A) establishing a uniform licensing process for community-based providers, and (B) implementing deemed status. The Nonprofit Liaison to the Governor may include any recommendations for legislative action that the liaison believes are necessary for the (i) establishment of a uniform licensing process for community-based providers, and (ii) implementation of deemed status.

Sec. 56. (NEW) (*Effective July 1, 2011*) (a) A residential care home that is colocated with a chronic and convalescent nursing home or a rest home with nursing supervision may request permission of the Department of Public Health to meet the requirements of section 19-13-D6(j) of the Public Health Code concerning attendants in residence from 10:00 p.m. to 7:00 a.m. through the use of shared personnel.

(b) A residential care home shall maintain temperatures in resident rooms and all other areas used by residents at the minimum temperature of seventy-one degrees Fahrenheit.

(c) A residential care home shall ensure that the maximum time span between a resident's evening meal and breakfast does not exceed fourteen hours unless a substantial bedtime nourishment is offered by the residential care home.

(d) On and after July 1, 2011, the Department of Public Health shall no longer (1) require that a person seeking a license to operate a residential care home supply to the department a certificate of physical and mental health, signed by a physician, at the time of an initial or subsequent application for licensure; and (2) approve the time scheduling of regular meals and snacks in residential care homes.

(e) In accordance with section 19a-36 of the general statutes, the Commissioner of Public Health shall amend the Public Health Code in conformity with the provisions of this section.

Sec. 57. Section 19a-80f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) As used in this section, "facility" means a child day care center, a group day care home and a family day care home, as defined in section 19a-77, and a youth camp, as defined in section 19a-420.

(b) Notwithstanding any provision of the general statutes, the Commissioner of Children and Families, or the commissioner's designee, shall provide to the Department of Public Health all records concerning reports and investigations of **[**suspected**]** child abuse or neglect that have been reported to, or are being investigated by, the Department of Children and Families pursuant to section 17a-101g, including records of any administrative hearing held pursuant to section 17a-101k: (1) Occurring at any facility, and (2) by any staff member or licensee of any facility and by any household member of any family day care home, as defined in section 19a-77, irrespective of where the abuse or neglect occurred.

(c) The Department of Children and Families and the Department of Public Health shall jointly investigate reports of abuse or neglect occurring at any facility. All information, records and reports concerning such investigation shall be shared between agencies as part

of the investigative process.

(d) The Commissioner of Public Health shall compile a listing of allegations of violations that have been substantiated by the Department of Public Health concerning a facility during the prior three-year period. The Commissioner of Public Health shall disclose information contained in the listing to any person who requests it, provided the information may be disclosed pursuant to sections 17a-101g and 17a-101k and does not identify children or family members of those children.

(e) Notwithstanding any provision of the general statutes, when the Commissioner of Children and Families has made a finding substantiating abuse or neglect: (1) That occurred at a facility, or (2) by any staff member or licensee of any facility, or by any household member of any family day care home and such finding is included on the state child abuse or neglect registry, maintained by the Department of Children and Families pursuant to section 17a-101k, such finding may be included in the listing compiled by the Department of Public Health pursuant to subsection (d) of this section and may be disclosed to the public by the Department of Public Health.

(f) Notwithstanding any provision of the general statutes, when the Commissioner of Children and Families, pursuant to section 17a-101j, has notified the Department of Public Health of **[**suspected**]** a recommended finding of child abuse or neglect at a facility and if such child abuse or neglect resulted in or involves (1) the death of a child; (2) the risk of serious physical injury or emotional harm of a child; (3) the serious physical harm of a child; (4) the arrest of a person due to abuse or neglect of a child; (5) a petition filed by the Commissioner of Children and Families pursuant to section 17a-112 or 46b-129; or (6) sexual abuse of a child, the Commissioner of Public Health may include **[**a**]** such finding of child abuse or neglect in the listing under subsection (d) of this section and may disclose such finding to the

public. **[**If the**]** The Commissioner of Children and Families, or the commissioner's designee, **[**notifies**]** shall immediately notify the Commissioner of Public Health **[**that**]** when such child abuse or neglect **[**was**]** is not substantiated after an investigation **[**or**]** has been completed pursuant to subsection (b) of section 17a-101g or a recommended finding of child abuse or neglect is reversed after a hearing or appeal **[**, the**]** conducted in accordance with the provisions of section 17a-101k. The Commissioner of Public Health shall immediately remove such information from the listing and shall not further disclose any such information to the public.

(g) Notwithstanding any provision of the general statutes, all records provided by the Commissioner of Children and Families, or the commissioner's designee, to the Department of Public Health regarding child abuse or neglect occurring at any facility, may be utilized in an administrative proceeding or court proceeding relative to facility licensing. In any such proceeding, such records shall be confidential, except as provided by the provisions of section 4-177c, and such records shall not be subject to disclosure pursuant to section 1-210.

Sec. 58. Section 16a-27 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The secretary, after consultation with all appropriate state, regional and local agencies and other appropriate persons, shall, prior to March 1, 2012, complete a revision of the existing plan and enlarge it to include, but not be limited to, policies relating to transportation, energy and air. Any revision made after May 15, 1991, shall identify the major transportation proposals, including proposals for mass transit, contained in the master transportation plan prepared pursuant to section 13b-15. Any revision made after July 1, 1995, shall take into consideration the conservation and development of greenways that have been designated by municipalities and shall recommend that

state agencies coordinate their efforts to support the development of a state-wide greenways system. The Commissioner of Environmental Protection shall identify state-owned land for inclusion in the plan as potential components of a state greenways system.

(b) Any revision made after August 20, 2003, shall take into account (1) economic and community development needs and patterns of commerce, and (2) linkages of affordable housing objectives and land use objectives with transportation systems.

(c) Any revision made after March 1, 2006, shall (1) take into consideration risks associated with natural hazards, including, but not limited to, flooding, high winds and wildfires; (2) identify the potential impacts of natural hazards on infrastructure and property; and (3) make recommendations for the siting of future infrastructure and property development to minimize the use of areas prone to natural hazards, including, but not limited to, flooding, high winds and wildfires.

(d) Any revision made after July 1, 2005, shall describe the progress towards achievement of the goals and objectives established in the previously adopted state plan of conservation and development and shall identify (1) areas where it is prudent and feasible (A) to have compact, transit accessible, pedestrian-oriented mixed-use development patterns and land reuse, and (B) to promote such development patterns and land reuse, (2) priority funding areas designated under section 16a-35c, and (3) corridor management areas on either side of a limited access highway or a rail line. In designating corridor management areas, the secretary shall make recommendations that (A) promote land use and transportation options to reduce the growth of traffic congestion; (B) connect infrastructure and other development decisions; (C) promote development that minimizes the cost of new infrastructure facilities and maximizes the use of existing infrastructure facilities; and (D)

increase intermunicipal and regional cooperation.

(e) Any revision made after October 1, 2008, shall (1) for each policy recommended (A) assign a priority; (B) estimate funding for implementation and identify potential funding sources; (C) identify each entity responsible for implementation; and (D) establish a schedule for implementation; and (2) for each growth management principle, determine three benchmarks to measure progress in implementation of the principles, one of which shall be a financial benchmark.

(f) Any revision made after October 1, 2009, shall take into consideration the protection and preservation of Connecticut Heritage Areas.

(g) Any revision made after December 1, 2011, shall take into consideration (1) the state water supply and resource policies established in sections 22a-380 and 25-33c, and (2) the list prepared by the Commissioner of Public Health pursuant to section 59 of this act.

[(g)**]** (h) Thereafter on or before March first in each revision year the secretary shall complete a revision of the plan of conservation and development.

Sec. 59. (NEW) (*Effective from passage*) Not later than October 31, 2011, the Commissioner of Public Health, in consultation with the Water Planning Council established pursuant to section 25-33o of the general statutes, shall prepare a list designating sources or potential sources of water that require protection so that the highest quality sources of water are available to provide water for human consumption. In preparing such list, the commissioner shall take into consideration the plans produced pursuant to sections 22a-352, 25-32d and 25-33h of the general statutes and such other plans or information that the commissioner deems relevant. The commissioner shall update

the list annually or more frequently as the commissioner deems necessary. Nothing in this section shall be construed to limit the commissioner's authority to approve a source of water supply that is not on the list.

Sec. 60. Section 21a-137 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

A fee of one hundred fifty dollars shall accompany each application for the license provided for in section 21a-136. Each such license shall expire annually. Such license shall be in such form as the **[**commissioner**]** Commissioner of Consumer Protection determines and shall be kept exposed to view in a conspicuous place upon the premises where such business is conducted or carried on. All fees received for such licenses shall be paid by the commissioner to the State Treasurer. No person, firm, **[**or**]** corporation or distributor shall sell, **[**or**]** offer for sale or distribute within the state any beverages manufactured or bottled beyond the boundaries of the state unless such person, firm, **[**or**]** corporation or distributor has made application for and secured a license from said commissioner upon the payment of one hundred fifty dollars, and no such license shall be issued by said commissioner until such establishment has been inspected by him or his agent or until such establishment has furnished said commissioner a certificate from the commission having the enforcement of the beverage law in the state where such establishment is located that such establishment complies in every respect with the requirements of the Connecticut beverage law. The provisions of this section shall not apply to out-of-state manufacturers, bottlers or distributors of malt and cereal drinks, grape juice, lime juice, fruit-flavored syrups, powders or mixtures, concentrated fruit juices or fruit and vegetable juices.

Sec. 61. Section 21a-138 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

The **[**commissioner**]** Commissioner of Consumer Protection, after hearing, of the time and place of which reasonable notice shall have been given, may suspend or revoke any such license for any of the following causes: The use of any polluted water; for bottled water obtained from a source located in the state, the failure to **[**use a source approved by**]** obtain approval for the use of such source from the Department of Public Health; for bottled water obtained from a source located out of state, the failure to obtain approval for the use of such source from the government entities having jurisdiction to regulate the use of such source; failure to conduct such business in a sanitary place and under sanitary conditions; the use of any ingredient impure or injurious to health; a conviction for a violation of the federal law in relation to intoxicating liquors or any state liquor control act; failure to comply with the provisions of this part, as amended by this act, part III of this chapter, as amended by this act, and chapters 416, 417 and 430, relating to the manufacture of pure foods, so far as the same may apply to the provisions of this part, or failure to comply with any order of the commissioner under the provisions of this part. No person, during any period when his license is suspended or revoked, shall manufacture any beverage or sell or offer for sale any beverage previously manufactured by him. No person shall sell any beverage from open containers.

Sec. 62. Section 21a-150 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

For the purposes of this section and sections 21a-150a to 21a-150j, inclusive, as amended by this act:

(1) "Approved laboratory" means a laboratory registered by the Department of Public Health pursuant to section 19a-29a or certified by the United States Environmental Protection Agency to analyze drinking water;

[(1)**]** (2) "Approved source" means the source of any bottled water, including, but not limited to, a spring, artesian well, drilled well or public water supply, **[**which**]** that, for a source located in the state, has been inspected and approved by the Department of Public Health, or for a source located out of state, has been inspected and approved by the government entities having jurisdiction to regulate the use of such out-of-state source;

[(2)**]** (3) "Artesian well water" means bottled natural water obtained from a well tapping an aquifer in which the level of the water is above the bottom of the confining bed of the aquifer and in which the hydraulic pressure of the water in the aquifer is greater than the atmospheric pressure;

[(3)**]** (4) "Bottled water", or any term of similar import, means water obtained from an approved source **[**which**]** that is packaged for sale or distribution. "Bottled water" shall not include any soda or seltzer **[**which**]** that is packaged for sale or distribution;

[(4)**]** (5) "Bottler" means any person, firm or corporation engaging in the business of bottling or distributing water for sale or distribution;

[(5)**]** (6) "Distilled water" means purified water **[**which**]** that has been produced by a process of distillation;

[(6)**]** (7) "Drinking water" means bottled water **[**which**]** that has been distilled, fluoridated or purified or **[**which**]** that has been disinfected by a process of ozonation and filtration or any substantially similar disinfection process;

[(7)**]** (8) "Fluoridated water" means bottled water **[**which**]** that contains fluoride ions in an amount not less than eight-tenths of one milligram per liter and not more than one and two-tenths milligrams per liter or such alternative concentration limit as the Commissioner of Consumer Protection, with the advice and assistance of the

Commissioner of Public Health, may determine by regulations adopted in accordance with the provisions of chapter 54 and **[**which**]** that otherwise complies with the provisions of **[**Subdivision 2 of Subsection (d) of 21 Code of Federal Regulations 103.35**]** Subsections (b), (c) and (d) of 21 CFR 165.110;

[(8)**]** (9) "Mineral water" means natural water **[**which**]** that contains not less than five hundred parts per million total dissolved solids;

[(9)**]** (10) "Natural water" means bottled spring water, artesian well water or well water, **[**which**]** that has been obtained from any approved source other than a public water supply and **[**which**]** that has not been modified by blending with water from any other source or by the addition or deletion of any mineral other than any addition or deletion **[**which**]** that may occur as a result of ozonation, filtration or any other substantially similar disinfection process;

[(10)**]** (11) "Principal display panel" means the portion of a label on any container or package **[**which**]** that is most likely to be displayed, presented or examined under normal and customary conditions of display and purchase of bottled water;

[(11)**]** (12) "Public water supply" means any individual, partnership, association, corporation, municipality or other entity, or the lessee thereof, **[**which**]** that owns, maintains, operates, manages, controls or employs any pond, lake, reservoir, well, stream or distributing plant or system for the purpose of supplying water by service connections or pipe distribution systems to two or more hotels, motels, boardinghouses, apartments, stores, office buildings, institutions, mechanical or manufacturing establishments or other places of business or industry to which water is supplied by a water company or to twenty-five or more persons on a regular basis;

[(12)**]** (13) "Purified water" means bottled water **[**which**]** that is

produced by distillation, deionization, reverse osmosis or any other suitable process and **[**which**]** that meets standards established for purified water in the twentieth edition of the United States Pharmacopoeia;

[(13)**]** (14) "Spring water" means natural water obtained from an underground formation from which water flows naturally to the surface of the earth; and

[(14)**]** (15) "Well water" means natural water obtained from a hole bored, drilled or otherwise constructed in the ground, **[**which**]** that taps the water of an aquifer.

Sec. 63. Section 21a-150a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) **[**Water bottled for sale or distribution shall be obtained from a source approved by the Department of Public Health**]** (1) Bottled water sold or distributed in the state shall be obtained from an approved source.

(2) A bottler selling or distributing bottled water obtained from a source located in the state shall obtain approval for the use of such source from the Department of Public Health. The Department of Public Health shall inspect each bottled water source located in the state and, if such source meets quality and safety requirements, issue an approval for such source. An approval issued by the Department of Public Health pursuant to this subsection shall expire three years from the date of issue.

(3) A bottler selling or distributing bottled water obtained from a source located out of state shall submit to the Commissioner of Consumer Protection a copy of a current license or approval for the use of such source from each government entity having jurisdiction to regulate the use of the source (A) when applying or reapplying for a

license issued pursuant to section 21a-136, (B) upon substantial modification of the source or source treatment, or (C) upon the addition of a new source.

(b) No bottled water shall be sold or distributed which does not comply with **[**regulations adopted by the Department of Public Health pursuant to section 19a-36 establishing maximum contaminant levels, action levels and monitoring procedures for public drinking water, except that mineral water may be sold or distributed which contains total dissolved solids in excess of the standard set forth in any such regulations**]** the quality standards set forth in 21 CFR 165.110 and 21 USC 342.

(c) A bottler shall be subject to the provisions of sections 21a-135 to 21a-145, inclusive, as amended by this act.

Sec. 64. Section 21a-150b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) Qualified employees of a bottler shall collect samples of water from each approved source used by such bottler not less than once annually to test for contaminants for which **[**maximum**]** allowable levels have been established in accordance with **[**regulations adopted pursuant to section 19a-36, concerning public drinking water,**]** 21 CFR 165.110 and regulations adopted pursuant to sections 21a-150 to 21a-150j, inclusive, as amended by this act, and not less than once every three years to test for contaminants for which monitoring is required pursuant to sections 21a-150 to 21a-150j, inclusive, as amended by this act, but for which no **[**maximum**]** allowable level has been established. Qualified employees of **[**a**]** an approved laboratory **[**approved by the Department of Public Health**]** shall analyze such samples to determine whether such source complies with the provisions of sections 21a-150 to 21a-150j, inclusive, as amended by this act, any regulation adopted pursuant to said sections and any **[**maximum**]** allowable contaminant

level set forth in **[**regulations adopted pursuant to said section 19a-36, concerning public drinking water**]** 21 CFR 165.110. Microbiological analysis shall be conducted not less than once each calendar quarter if the source of such water is other than a public water supply and shall be in addition to any sampling and analysis conducted by any government agency or laboratory.

(b) Qualified employees of a bottler shall collect samples of water from any source used by such bottler when such bottler knows or has reason to believe that water obtained from such source contains an unregulated contaminant in an amount which may adversely affect the health or welfare of the public. Qualified employees of **[**a**]** an approved laboratory **[**approved by the Department of Public Health**]** shall analyze such samples periodically to determine whether water obtained from any such source is safe for public consumption or use.

Sec. 65. Section 21a-150c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) Each bottler shall:

(1) Collect, on a weekly basis, a representative sample from a batch or segment of a continuous production of each type of water sold by such bottler in this state, and have such sample analyzed by **[**a**]** an approved laboratory **[**approved by the Department of Public Health**]** to determine whether such sample complies with the microbiological standards set forth in **[**regulations adopted by the Department of Public Health pursuant to section 19a-36 concerning public drinking water**]** 21 CFR 165.110; and

(2) Collect, not less than once annually, a representative sample from a batch or segment of a continuous production of each type of bottled water sold by such bottler in this state, and have such sample analyzed by **[**a**]** an approved laboratory **[**approved by the Department

of Public Health**]** to determine whether such sample complies with the chemical, inorganic, organic, physical and radiological standards set forth in regulations adopted by the Department of Public Health pursuant to **[**said**]** section 19a-36 concerning public drinking water. Each bottler that uses water obtained from an out-of-state source may meet the requirements of this subdivision by demonstrating compliance with substantially similar standards established by the government entity having jurisdiction to regulate the use of such source.

(b) Each sample collected in accordance with the provisions of subsection (a) of this section shall be obtained from the bottled product.

Sec. 66. Section 21a-150d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) A laboratory which analyzes any water sample in accordance with any provision of sections 21a-150 to 21a-150j, inclusive, as amended by this act, shall report the results of such analysis to the bottler of such water.

(b) Such results shall be available for inspection by the Department of Consumer Protection. **[**and the Department of Public Health, upon request.**]**

(c) A bottler shall report any result which indicates that a water sample contains contaminants in an amount exceeding any applicable standard **[**set forth in any regulation adopted pursuant to sections 21a-150 to 21a-150j, inclusive, or in any regulation adopted pursuant to section 19a-36 concerning public drinking water,**]** to the Department of Consumer Protection **[**and the Department of Public Health, within**]** not later than twenty-four hours **[**of**]** after learning of such result.

(d) All records of any sampling or analysis conducted in accordance

with the provisions of sections 21a-150 to 21a-150j, inclusive, as amended by this act, shall be maintained on the premises of the bottler for not less than five years.

Sec. 67. Section 21a-150f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) A bottler shall process and package any water bottled for sale, in accordance with **[**the provisions of 21 Code of Federal Regulations Parts**]** 21 CFR 110, **[**and**]** 21 CFR 129 and any regulation adopted in accordance with the provisions of sections 21a-150 to 21a-150j, inclusive, as amended by this act.

(b) No bottler shall process or bottle water using any line or equipment through which anything other than water from an approved **[**by the state**]** source is passed, except that a bottler who bottles or processes water by using any such line or equipment, as of October 1, 1986, may continue to bottle water in such manner provided such bottled water complies with **[**regulations adopted by the Department of Public Health pursuant to section 19a-36 concerning public drinking water**]** the bottled water quality standards set forth in 21 CFR 165.110 and 21 USC 342 and provided, in the event such bottler renovates **[**his**]** a bottling production process or expands **[**his**]** operations, such bottler shall establish a dedicated line for the processing of bottled water only.

Sec. 68. Subsection (l) of section 21a-150h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(l) Except as provided in subsection (k) of this section, a label which identifies any bottled water which is not spring water, as defined in **[**subdivision (10) of**]** section 21a-150, as amended by this act, shall not bear the words "spring", "spring fresh", "spring brand", "spring type" or

any term of similar import.

Sec. 69. Section 16-262m of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) As used in this section and section 8-25a, "water company" means a corporation, company, association, joint stock association, partnership, municipality, state agency, other entity or person, or lessee thereof, owning, leasing, maintaining, operating, managing or controlling any pond, lake, reservoir, stream, well or distributing plant or system employed for the purpose of supplying water to fifteen or more service connections or twenty-five or more persons for at least sixty days in any one year.

(b) No water company may begin the construction of a water supply system for the purpose of supplying water to fifteen or more service connections or twenty-five or more persons for at least sixty days in any one year, and no person or entity, except a water company supplying more than two hundred fifty service connections or one thousand persons, may begin expansion of such a water supply system, without having first obtained a certificate of public convenience and necessity.

(c) For systems serving twenty-five or more residents that are not the subject of proceedings under subsection (c) of section 16-262n or section 16-262o, an application for a certificate of public convenience and necessity shall be on a form prescribed by the Department of Public Utility Control, in consultation with the Department of Public Health, and accompanied by a copy of the applicant's construction or expansion plans, a fee of one hundred dollars and when an exclusive service area provider has been determined pursuant to section 25-33g, a copy of a signed ownership agreement between the applicant and provider for the exclusive service area, as determined pursuant to section 25-33g, detailing those terms and conditions under which the

system will be constructed or expanded and for which the provider will assume service and ownership responsibilities. When an exclusive service area provider has been determined pursuant to section 25-33g, the application shall also be accompanied by a written confirmation from the exclusive service area provider, as the person that will own the water supply system, that such exclusive service area provider has received the application and is prepared to assume responsibility for the water supply system subject to the terms and conditions of the ownership agreement. Written confirmation from the exclusive service area provider shall be on a form prescribed by said departments. Said departments shall issue a certificate to an applicant upon determining, to their satisfaction, that (1) no interconnection is feasible with a water system owned by, or made available through arrangement with, the provider for the exclusive service area, as determined pursuant to section 25-33g or with another existing water system where no exclusive service area has been assigned, (2) the applicant will complete the construction or expansion in accordance with engineering standards established by regulation by the Department of Public Utility Control for water supply systems, (3) ownership of the system will be assigned to the provider for the exclusive service area, when an exclusive service area provider has been determined pursuant to section 25-33g, (4) the proposed construction or expansion will not result in a duplication of water service in the applicable service area, (5) the applicant meets all federal and state standards for water supply systems, **[**and**]** (6) the person that will own the water supply system has the financial, managerial and technical resources to (A) operate the proposed water supply system in a reliable and efficient manner, and (B) provide continuous adequate service to consumers served by the water supply system, (7) the proposed water supply system will not adversely affect the adequacy of nearby water supply systems, and (8) any existing or potential threat of pollution that the Department of Public Health deems to be adverse to public health will not affect any new source of water supply. Any

construction or expansion with respect to which a certificate is required shall thereafter be built, maintained and operated in conformity with the certificate and any terms, limitations or conditions contained therein.

(d) The Department of Public Utility Control and the Department of Public Health shall each adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes of subsections (a) to (c), inclusive, of this section.

(e) (1) For systems serving twenty-five or more persons, but not twenty-five or more residents, at least sixty days in any one year an application for a certificate of public convenience and necessity shall be on a form prescribed by the Department of Public Health and accompanied by a copy of the construction or expansion plans. The Department of Public Health shall issue a certificate to an applicant upon determining, to its satisfaction, that (A) no interconnection is feasible with a water system owned by, or made available through arrangement with, the provider for the exclusive service area, as determined pursuant to section 25-33g or with another existing water system where no existing exclusive service area has been assigned, (B) the applicant will complete the construction or expansion in accordance with engineering standards established by regulation for water supply systems, (C) ownership of the system will be assigned to the provider for the exclusive service area, as determined pursuant to section 25-33g, if agreeable to the exclusive service area provider and the Department of Public Health, or may remain with the applicant, if agreeable to the Department of Public Health, until such time as the water system for the exclusive service area, as determined by section 25-33g, has made an extension of the water main, after which the applicant shall obtain service from the provider for the exclusive service area, (D) the proposed construction or expansion will not result in a duplication of water service in the applicable service area, (E) the

applicant meets all federal and state standards for water supply systems, **[**and**]** (F) the person that will own the water supply system has the financial, managerial and technical resources to (i) operate the proposed water supply system in a reliable and efficient manner, and (ii) provide continuous adequate service to consumers served by the water supply system, (G) the proposed water supply system will not adversely affect the adequacy of nearby water supply systems, and (H) any existing or potential threat of pollution that the Department of Public Health deems to be adverse to public health will not affect any new source of water supply. Any construction or expansion with respect to which a certificate is required shall thereafter be built, maintained and operated in conformity with the certificate and any terms, limitation or conditions contained therein. Properties held by the Department of Environmental Protection and used for or in support of fish culture, natural resource conservation or outdoor recreational purposes shall be exempt from the requirements of subdivisions (1), (3) and (4) of subsection (c) of this section and subparagraphs (A), (C) and (D) of subdivision (1) of subsection (e) of this section.

(2) The Department of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes of this subsection. Such regulations may include measures that encourage water conservation and proper maintenance.

Sec. 70. Section 25-33k of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) For purposes of this section, "safe yield" means the maximum dependable quantity of water per unit of time that may flow or be pumped continuously from a source of supply during a critical dry period without consideration of available water limitations.

(b) No source of water supply shall be abandoned by a water

company or other entity without a permit from the Commissioner of Public Health. A water company or other entity shall apply for such permit in the manner prescribed by the commissioner. Not later than thirty days before filing an application for such permit, the applicant shall notify the chief elected official of any municipality and any local health department or district in which such source of supply is located. Not later than sixty days after receipt of such notification, the municipality or municipalities and local health departments or districts receiving such notice, and any water company as defined in section 25-32a, may submit comments on such application to the commissioner. The commissioner shall take such comments into consideration when reviewing the application.

(c) (1) In **[**the commissioner's decision**]** determining whether to approve an application, the commissioner shall (A) consider the water supply needs of the water company, the state and any comments submitted pursuant to subsection (b) of this section, and **[**shall**]** (B) consult with the Commissioner of Environmental Protection, the Secretary of the Office of Policy and Management and the Department of Public Utility Control. The Commissioner of Public Health shall not be required to make a consultation pursuant to subparagraph (B) of this subdivision if the commissioner determines the source of water supply to be abandoned is a groundwater source with a safe yield of less than ten gallons per minute and is of poor water quality.

(2) The Commissioner of Public Health shall grant a permit upon a finding that any groundwater source with a safe yield of less than 0.75 millions of gallons per day, any reservoir with a safe yield of less than 0.75 millions of gallons per day, any reservoir system with a safe yield of less than 0.75 millions of gallons per day, or any individual source within a reservoir system when such system has a safe yield of less than 0.75 millions of gallons per day will not be needed by such water company for present or future water supply and, in the case of a water

company required to file a water supply plan under section 25-32d, that such abandonment is consistent with a water supply plan filed and approved pursuant to said section. No permit shall be granted if the commissioner determines that the source would be necessary for water supply by the company owning such source in an emergency or the proposed abandonment would impair the ability of such company to provide a pure, adequate and reliable water supply for present and projected future customers. As used in this section, a future source of water supply shall be considered to be any source of water supply necessary to serve areas reasonably expected to require service by the water company owning such source for a period of not more than fifty years after the date of the application for a permit under this section.

(3) The Commissioner of Public Health shall grant a permit upon a finding that any groundwater source with a safe yield of more than 0.75 millions of gallons per day, any reservoir with a safe yield of more than 0.75 millions of gallons per day, any reservoir system with a safe yield of more than 0.75 millions of gallons per day, or any individual source within a reservoir system when such system has a safe yield of more than 0.75 millions of gallons per day is of a size or condition that makes it unsuitable for present or future use as a drinking water supply by the water company, other entity or the state. In making a decision, the commissioner shall consider the general utility of the source and the viability for use to meet water supply needs. The commissioner shall consider any public water supply plans filed and approved pursuant to sections 25-32d and 25-33h, and any other water system plan approved by the commissioner, and the efficient and effective development of public water supply in the state. In assessing the general utility of the source, the commissioner shall consider factors including, but not limited to, (A) the safe yield of the source, (B) the location of the source relative to other public water supply systems, (C) the water quality of the source and the potential for treatment, (D) water quality compatibility between systems and

interconnections, (E) extent of water company-owned lands for source protection of the supply, (F) types of land uses and land use controls in the aquifer protection area or watershed and their potential impact on water quality of the source, and (G) physical limitations to water service, system hydraulics and topography.

Sec. 71. Subsection (n) of section 25-32 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

(n) (1) On and after the effective date of regulations adopted under this subsection, no person may operate any water treatment plant, **[**or**]** water distribution system or small water system that treats or supplies water used or intended for use by the public, test any backflow prevention device, or perform a cross connection survey without a certificate issued by the commissioner under this subsection. The commissioner shall adopt regulations, in accordance with chapter 54, to provide: (A) Standards for the operation of such water treatment plants, **[**and**]** water distribution systems and small water systems; (B) standards and procedures for the issuance of certificates to operators of such water treatment plants, **[**and**]** water distribution systems and small water systems; (C) procedures for the renewal of such certificates every three years; (D) standards for training required for the issuance or renewal of a certificate; and (E) standards and procedures for the issuance and renewal of certificates to persons who test backflow prevention devices or perform cross connection surveys. Such regulations shall be consistent with applicable federal law and guidelines for operator certification programs promulgated by the United States Environmental Protection Agency. **[**, and shall be adopted and filed with the Secretary of the State pursuant to section 4-172 not later than February 1, 2001**]** For purposes of this subsection, "small water system" means a public water system, as defined in section 25-33d, that serves less than one thousand persons and has no

treatment or has only treatment that does not require any chemical treatment, process adjustment, backwashing or media regeneration by an operator.

(2) The commissioner may take any disciplinary action set forth in section 19a-17, except for the assessment of a civil penalty under subdivision (6) of subsection (a) of section 19a-17, against an operator, a person who tests backflow prevention devices or a person who performs cross connection surveys holding a certificate issued under this subsection for any of the following reasons: (A) Fraud or material deception in procuring a certificate, the renewal of a certificate or the reinstatement of a certificate; (B) fraud or material deception in the performance of the certified operator's professional activities; (C) incompetent, negligent or illegal performance of the certified operator's professional activities; (D) conviction of the certified operator for a felony; or (E) failure of the certified operator to complete the training required under subdivision (1) of this subsection.

(3) The commissioner may issue an initial certificate to perform a function set forth in subdivision (1) of this subsection upon receipt of a completed application, in a form prescribed by the commissioner, together with an application fee as follows: (A) For a water treatment plant, water distribution system or small water system operator certificate, two hundred twenty-four dollars; (B) for a backflow prevention device tester certificate, one hundred fifty-four dollars; and (C) for a cross-connection survey inspector certificate, one hundred fifty-four dollars. A certificate issued pursuant to this subdivision shall expire three years from the date of issuance unless renewed by the certificate holder prior to such expiration date. The commissioner may renew a certificate for an additional three years upon receipt of a completed renewal application, in a form prescribed by the commissioner, together with a renewal application fee as follows: (i) For a water treatment plant, water distribution system or small water

system operator certificate, ninety-eight dollars; (ii) for a backflow prevention device tester certificate, sixty-nine dollars; and (iii) for a cross-connection survey inspector certificate, sixty-nine dollars.

Sec. 72. Section 19a-37 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) The Commissioner of Public Health may adopt regulations in the Public Health Code for the preservation of the public health pertaining to (1) protection and location of new water supply wells or springs for residential construction or for public or semipublic use, and (2) inspection for compliance with the provisions of municipal regulations adopted pursuant to section 22a-354p.

(b) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, for the testing of water quality in private residential wells. Any laboratory or firm which conducts a water quality test on a private well serving a residential property shall, **[**within**]** not later than thirty days **[**of**]** after the completion of such test, **[**shall**]** report the results of such test to (1) the public health authority of the municipality where the property is located, and (2) the Department of Public Health in a format specified by the department, provided such report shall not be required if the party for whom the laboratory or firm conducted such test informs the laboratory or firm that the test was not conducted within six months of the sale of such property. No regulation may require such a test to be conducted as a consequence or a condition of the sale, exchange, transfer, purchase or rental of the real property on which the private residential well is located. For purposes of this section, "laboratory or firm" means an environmental laboratory registered by the Department of Public Health pursuant to section 19a-29a.

(c) Prior to the sale, exchange, purchase, transfer or rental of real property on which a residential well is located, the owner shall

provide the buyer or tenant notice that educational material concerning private well testing is available on the Department of Public Health web site. Failure to provide such notice shall not invalidate any sale, exchange, purchase, transfer or rental of real property. If the seller or landlord provides such notice in writing, the seller or landlord and any real estate licensee shall be deemed to have fully satisfied any duty to notify the buyer or tenant that the subject real property is located in an area for which there are reasonable grounds for testing under subsection (f) or (i) of this section.

[(c)**]** (d) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to clarify the criteria under which the commissioner may issue a well permit exception **[**may be granted**]** and to describe the terms and conditions that shall be imposed when a well is allowed at a premises (1) that is connected to a public water supply system, or (2) whose boundary is located within two hundred feet of an approved community water supply system, measured along a street, alley or easement. Such regulations shall (A) provide for notification of the permit to the public water supplier, (B) address the quality of the water supplied from the well, the means and extent to which the well shall not be interconnected with the public water supply, the need for a physical separation, and the installation of a reduced pressure device for backflow prevention, the inspection and testing requirements of any such reduced pressure device, and (C) identify the extent and frequency of water quality testing required for the well supply.

[(d)**]** (e) No regulation may require that a certificate of occupancy for a dwelling unit on such residential property be withheld or revoked on the basis of a water quality test performed on a private residential well pursuant to this section, unless such test results indicate that any maximum contaminant level applicable to public water supply systems for any contaminant listed in the public health

code has been exceeded. No administrative agency, health district or municipal health officer may withhold or cause to be withheld such a certificate of occupancy except as provided in this section.

[(e) No regulation may require the water in private residential wells to be tested for alachlor, atrazine, dicamba, ethylene dibromide (EDB), metolachlor, simazine or 2,4-D or any other herbicide or insecticide unless (1) results from a prior water test indicate a nitrate concentration at or greater than ten milligrams per liter and (2) the local director of health has reasonable grounds to suspect such chemical or chemicals are present in said residential well. For the purposes of this subsection, "reasonable grounds" includes, but is not limited to, the proximity of the particular water supply system to past or present agricultural uses of land.**]**

(f) The local director of health may require a private residential well to be tested for radionuclides when there are reasonable grounds to suspect that such contaminants are present in the groundwater. For purposes of this subsection, "reasonable grounds" means (1) the existence of a geological area known to have naturally occurring radionuclide deposits in the bedrock; or (2) the well is located in an area in which it is known that radionuclides are present in the groundwater.

(g) Except as provided in subsection (h) of this section, the collection of samples for determining the water quality of private residential wells may be made only by (1) employees of a laboratory or firm certified or approved by the Department of Public Health to test drinking water, if such employees have been trained in sample collection techniques, (2) certified water operators, (3) local health departments and state employees trained in sample collection techniques, or (4) individuals with training and experience that the Department of Public Health deems sufficient.

[(f)**]** (h) Any owner of a residential construction, including, but not limited to, a homeowner, on which a private residential well is located or any general contractor of a new residential construction on which a private residential well is located may collect samples of well water for submission to a laboratory or firm for the purposes of testing water quality pursuant to this section, provided (1) such laboratory or firm **[**finds**]** has provided instructions to said owner or general contractor **[**to be qualified**]** on how to collect such **[**sample**]** samples, and (2) such owner or general contractor is identified to the subsequent owner on a form to be prescribed by the Department of Public Health. No regulation may prohibit or impede such collection or analysis.

[(g) No regulation may require the water in private residential wells to be tested for organic chemicals unless the local director of health has reasonable grounds to suspect such organic chemicals are present in said residential well. For purposes of this subsection, "reasonable grounds" means any indication, derived from a phase I environmental site assessment or otherwise, that the particular water supply system that is to be tested exists on land or in proximity to land associated with the past or present production, storage, use or disposal of organic chemicals.

(h) The amendments to sections 19-13-B51*l* and 19-13-B101 of the regulations of Connecticut state agencies that became effective December 30, 1996, shall be waived for those residential wells which were not tested in accordance with said amendments between December 30, 1996, and July 8, 1997.**]**

(i) The local director of health may require private residential wells to be tested for pesticides, herbicides or organic chemicals when there are reasonable grounds to suspect that any such contaminants might be present in the groundwater. For purposes of this subsection, "reasonable grounds" means (1) the presence of nitrate-nitrogen in the groundwater at a concentration greater than ten milligrams per liter, or

(2) that the private residential well is located on land, or in proximity to land, associated with the past or present production, storage, use or disposal of organic chemicals as identified in any public record.

Sec. 73. Section 20-222 of the general statutes is amended by adding subsection (h) as follows (*Effective July 1, 2011*):

(NEW) (h) Notwithstanding the provisions of this section, a funeral services business that has been issued an inspection certificate may operate a single satellite office for the sole purpose of meeting with clients to make arrangements for cremation services. No other funeral service business activities may be conducted at such a satellite office. Any person, firm, partnership or corporation seeking to add a satellite office shall provide thirty days' advance written notice to the Department of Public Health on a form prescribed by the department. Any authorized satellite office shall be open at all times for inspection by the department. The department may inspect any such satellite office whenever the department deems it advisable. All records pertaining to arrangements made at the satellite office shall be maintained at the address of record of the funeral service business as identified on the certificate of inspection. Failure to comply with the provisions of this section may constitute grounds for disciplinary action under section 20-227.

Sec. 74. Section 19a-750 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

(a) There is hereby created as a body politic and corporate, constituting a public instrumentality and political subdivision of the state created for the performance of an essential public and governmental function, the Health Information Technology Exchange of Connecticut, which is empowered to carry out the purposes of the authority, as defined in subsection (b) of this section, which are hereby determined to be public purposes for which public funds may be

expended. The Health Information Technology Exchange of Connecticut shall not be construed to be a department, institution or agency of the state.

(b) For purposes of this section and sections 19a-751 to 19a-754, inclusive, "authority" means the Health Information Technology Exchange of Connecticut and "purposes of the authority" means the purposes of the authority expressed in and pursuant to this section, including the promoting, planning and designing, developing, assisting, acquiring, constructing, maintaining and equipping, reconstructing and improving of health care information technology. The powers enumerated in this section shall be interpreted broadly to effectuate the purposes of the authority and shall not be construed as a limitation of powers. The authority shall have the power to:

(1) Establish an office in the state;

(2) Employ such assistants, agents and other employees as may be necessary or desirable, which employees shall be exempt from the classified service and shall not be employees, as defined in subsection (b) of section 5-270;

(3) Establish all necessary or appropriate personnel practices and policies, including those relating to hiring, promotion, compensation, retirement and collective bargaining, which need not be in accordance with chapter 68, and the authority shall not be an employer, as defined in subsection (a) of section 5-270;

(4) Engage consultants, attorneys and other experts as may be necessary or desirable to carry out the purposes of the authority;

(5) Acquire, lease, purchase, own, manage, hold and dispose of personal property, and lease, convey or deal in or enter into agreements with respect to such property on any terms necessary or incidental to the carrying out of these purposes;

(6) Procure insurance against loss in connection with its property and other assets in such amounts and from such insurers as it deems desirable;

(7) Make and enter into any contract or agreement necessary or incidental to the performance of its duties and execution of its powers. The contracts entered into by the authority shall not be subject to the approval of any other state department, office or agency. However, copies of all contracts of the authority shall be maintained by the authority as public records, subject to the proprietary rights of any party to the contract;

(8) To the extent permitted under its contract with other persons, consent to any termination, modification, forgiveness or other change of any term of any contractual right, payment, royalty, contract or agreement of any kind to which the authority is a party;

(9) Receive and accept, from any source, aid or contributions, including money, property, labor and other things of value;

(10) Invest any funds not needed for immediate use or disbursement in obligations issued or guaranteed by the United States of America or the state and in obligations that are legal investments for savings banks in this state;

(11) Account for and audit funds of the authority and funds of any recipients of funds from the authority;

(12) Sue and be sued, plead and be impleaded, adopt a seal and alter the same at pleasure;

(13) Adopt regular procedures for exercising the power of the authority not in conflict with other provisions of the general statutes; and

(14) Do all acts and things necessary and convenient to carry out the purposes of the authority.

(c) (1) The Health Information Technology Exchange of Connecticut shall be managed by a board of directors. The board shall consist of the following members: The Lieutenant Governor, or his or her designee; the Commissioners of Public Health, Social Services and Consumer Protection, or their designees; the Chief Information Officer of the Department of Information Technology, or his or her designee; three appointed by the Governor, one of whom shall be a representative of a medical research organization, one of whom shall be an insurer or representative of a health plan and one of whom shall be an attorney with background and experience in the field of privacy, health data security or patient rights; three appointed by the president pro tempore of the Senate, one of whom shall have background and experience with a private sector health information exchange or health information technology entity, one of whom shall have expertise in public health and one of whom shall be a physician licensed under chapter 370 who works in a practice of not more than ten physicians and who is not employed by a hospital, health network, health plan, health system, academic institution or university; three appointed by the speaker of the House of Representatives, one of whom shall be a representative of hospitals, an integrated delivery network or a hospital association, one of whom shall have expertise with federally qualified health centers and one of whom shall be a consumer or consumer advocate; one appointed by the majority leader of the Senate, who shall be a primary care physician whose practice utilizes electronic health records; one appointed by the majority leader of the House of Representatives, who shall be a consumer or consumer advocate; one appointed by the minority leader of the Senate, who shall be a pharmacist or a health care provider utilizing electronic health information exchange; and one appointed by the minority leader of the House of Representatives, who shall be a large employer

or a representative of a business group. The Secretary of the Office of Policy and Management and the Healthcare Advocate, or their designees, shall be ex-officio, nonvoting members of the board. The Commissioner of Public Health, or his or her designee, shall serve as the chairperson of the board.

(2) All initial appointments to the board shall be made on or before October 1, 2010. The initial term for the board members appointed by the Governor shall be for four years. The initial term for board members appointed by the speaker of the House of Representatives and the majority leader of the House of Representatives shall be for three years. The initial term for board members appointed by the minority leader of the House of Representatives and the minority leader of the Senate shall be for two years. The initial term for the board members appointed by the president pro tempore of the Senate and the majority leader of the Senate shall be for one year. Terms shall expire on September thirtieth of each year in accordance with the provisions of this subsection. Any vacancy shall be filled by the appointing authority for the balance of the unexpired term. Other than an initial term, a board member shall serve for a term of four years. No board member, including initial board members, may serve for more than two terms. Any member of the board may be removed by the appropriate appointing authority for misfeasance, malfeasance or wilful neglect of duty.

(3) The chairperson shall schedule the first meeting of the board, which shall be held not later than November 1, 2010.

(4) Any member appointed to the board who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from the board.

(5) Notwithstanding any provision of the general statutes, it shall

not constitute a conflict of interest for a trustee, director, partner, officer, stockholder, proprietor, counsel or employee of any person, firm or corporation to serve as a board member, provided such trustee, director, partner, officer, stockholder, proprietor, counsel or employee shall abstain from deliberation, action or vote by the board in specific respect to such person, firm or corporation. All members shall be deemed public officials and shall adhere to the code of ethics for public officials set forth in chapter 10.

(6) Board members shall receive no compensation for their services, but shall receive actual and necessary expenses incurred in the performance of their official duties.

(d) The board shall select and appoint a chief executive officer who shall be responsible for administering the authority's programs and activities in accordance with policies and objectives established by the board. The chief executive officer shall serve at the pleasure of the board and shall receive such compensation as shall be determined by the board. The chief executive officer (1) may employ such other employees as shall be designated by the board of directors; and (2) shall attend all meetings of the board, keep a record of all proceedings and maintain and be custodian of all books, documents and papers filed with the authority and of the minute book of the authority.

(e) The board shall direct the authority regarding: (1) Implementation and periodic revisions of the health information technology plan submitted in accordance with the provisions of section 74 of public act 09-232, including the implementation of an integrated state-wide electronic health information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payors, state and federal agencies and patients; (2) appropriate protocols for health information exchange; and (3) electronic data standards to facilitate the development of a state-wide integrated electronic health information

system, as defined in subsection (a) of section 19a-25d, for use by health care providers and institutions that receive state funding. Such electronic data standards shall: (A) Include provisions relating to security, privacy, data content, structures and format, vocabulary and transmission protocols; (B) limit the use and dissemination of an individual's Social Security number and require the encryption of any Social Security number provided by an individual; (C) require privacy standards no less stringent than the "Standards for Privacy of Individually Identifiable Health Information" established under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, and contained in 45 CFR 160, 164; (D) require that individually identifiable health information be secure and that access to such information be traceable by an electronic audit trail; (E) be compatible with any national data standards in order to allow for interstate interoperability, as defined in subsection (a) of section 19a-25d; (F) permit the collection of health information in a standard electronic format, as defined in subsection (a) of section 19a-25d; and (G) be compatible with the requirements for an electronic health information system, as defined in subsection (a) of section 19a-25d.

(f) Applications for grants from the authority shall be made on a form prescribed by the board. The board shall review applications and decide whether to award a grant. The board may consider, as a condition for awarding a grant, the potential grantee's financial participation and any other factors it deems relevant.

(g) The board may consult with such parties, public or private, as it deems desirable in exercising its duties under this section.

(h) The board shall establish an advisory committee on patient privacy and security. All members of such advisory committee shall be appointed by the chairperson of the board, provided any such appointed member shall have expertise in the field of privacy, health

data security or patient rights. Appointed members of the advisory committee shall include, but not be limited to, a representative from a nonprofit research and educational organization dedicated to improving access to health care, a representative from a patient advocacy group, an ethicist, an attorney with expertise in health information technology and the protections set forth in the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 (HIPAA), the chief information officer of a hospital, an insurer or representative of a health plan and a primary care physician, engaged in active practice, who utilizes electronic health records. The advisory committee shall monitor developments in federal law concerning patient privacy and security relating to health information technology and shall report to the board on national and regional trends and federal policies and guidance set forth in this area. The board shall include information supplied by the advisory committee in the report submitted by the board pursuant to subsection (i) of this section. The chairperson of the advisory committee shall be appointed by the Lieutenant Governor from among the membership.

[(h)**]** (i) Not later than February 1, 2011, and annually thereafter until February 1, 2016, the chief executive officer of the authority shall report, in accordance with section 11-4a, to the Governor and the General Assembly on (1) any private or federal funds received during the preceding year and, if applicable, how such funds were expended, (2) the amount and recipients of grants awarded, and (3) the current status of health information exchange and health information technology in the state.

Sec. 75. Subsection (c) of section 20-107 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

(c) Notwithstanding the provisions of subsections (a) and (b) of this section, the department may issue a license to practice dentistry to any

applicant holding a diploma from a foreign dental school, provided the applicant (1) is a graduate of a dental school located outside the United States and has received the degree of doctor of dental medicine or surgery, or its equivalent; (2) has passed the written and practical examinations required in section 20-108; (3) has successfully completed not less than two years of graduate dental training as a resident dentist in a program accredited by the Commission on Dental Accreditation; and (4) has successfully completed, at a level greater than the second postgraduate year, not less than **[**two**]** three years of a residency or fellowship training program accredited by the Commission on Dental Accreditation in a **[**community or school-based health center affiliated with and under the supervision of a**]** school of dentistry in this state, or has served as a full-time faculty member of a school of dentistry in this state pursuant to the provisions of section 20-120 for not less than three years.

Sec. 76. Section 19a-87a of the general statutes is amended by adding subsection (e) as follows (*Effective October 1, 2011*):

(NEW) (e) In addition to any powers the Department of Public Health may have, in any investigation (1) concerning an application, reinstatement or renewal of a license for a child day care center, a group day care home or a family day care home, as such terms are defined in section 19a-77, (2) of a complaint concerning child day care services, as described in section 19a-77, or (3) concerning the possible provision of unlicensed child day care services, the Department of Public Health may administer oaths, issue subpoenas, compel testimony and order the production of books, records and documents. If any person refuses to appear, testify or produce any book, record or document when so ordered, a judge of the Superior Court may make such order as may be appropriate to aid in the enforcement in this section.

Sec. 77. Subsection (a) of section 20-94a of the general statutes is

repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) The Department of Public Health may issue an advanced practice registered nurse license to a person seeking to perform the activities described in subsection (b) of section 20-87a, as amended by this act, upon receipt of a fee of two hundred dollars, to an applicant who: (1) Maintains a license as a registered nurse in this state, as provided by section 20-93 or 20-94; (2) holds and maintains current certification as a nurse practitioner, a clinical nurse specialist or a nurse anesthetist from one of the following national certifying bodies that certify nurses in advanced practice: The American Nurses' Association, the Nurses' Association of the American College of Obstetricians and Gynecologists Certification Corporation, the National Board of Pediatric Nurse Practitioners and Associates or the American Association of Nurse Anesthetists, their successors or other appropriate national certifying bodies approved by the Board of Examiners for Nursing; (3) has completed thirty hours of education in pharmacology for advanced nursing practice; and (4) if first certified by one of the foregoing certifying bodies after December 31, 1994, holds a **[**master's**]** graduate degree in nursing or in a related field recognized for certification as either a nurse practitioner, a clinical nurse specialist, or a nurse anesthetist by one of the foregoing certifying bodies. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint.

Sec. 78. (*Effective from passage*) Section 1 of public act 11-2 shall take effect on July 1, 2011.

Sec. 79. Section 20-7c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) For purposes of this section, **[**"provider"**]** "clinical laboratory" has

the same meaning as provided in section [20-7b] 19a-30. Clinical laboratory does not include any state laboratory established by the Department of Public Health pursuant to section 19a-26 or 19a-29.

(b) [(1) A] Except as provided for in subsection (e) of this section, a provider [, except as provided in section 4-194,] shall (1) supply to a patient upon request complete and current information possessed by that provider concerning any diagnosis, treatment and prognosis of the patient, [. (2) A provider shall] and (2) notify a patient of any test results in the provider's possession or requested by the provider for the purposes of diagnosis, treatment or prognosis of such patient. In addition, upon the request of a patient or a provider who orders medical tests on behalf of a patient, a clinical laboratory shall provide medical test results relating to the patient to any other provider who is treating the patient for the purposes of diagnosis, treatment or prognosis of such patient.

(c) A provider, who requests that his or her patient submit to repeated medical testing at regular intervals, over a specified period of time, for purposes of ascertaining a diagnosis, prognosis or recommended course of treatment for such patient, may issue a single authorization that allows the entity that conducts such medical testing, including, but not limited to, a clinical laboratory, to directly communicate the results of such testing to the patient for the period of time that such testing is requested by the provider.

[(c)] (d) Upon a written request of a patient, a patient's attorney or authorized representative, or pursuant to a written authorization, a provider, except as provided in section 4-194, shall furnish to the person making such request a copy of the patient's health record, including but not limited to, bills, x-rays and copies of laboratory reports, contact lens specifications based on examinations and final contact lens fittings given within the preceding three months or such longer period of time as determined by the provider but no longer

than six months, records of prescriptions and other technical information used in assessing the patient's health condition. No provider shall refuse to return to a patient original records or copies of records that the patient has brought to the provider from another provider. When returning records to a patient, a provider may retain copies of such records for the provider's file, provided such provider does not charge the patient for the costs incurred in copying such records. No provider shall charge more than sixty-five cents per page, including any research fees, handling fees or related costs, and the cost of first class postage, if applicable, for furnishing a health record pursuant to this subsection, except such provider may charge a patient the amount necessary to cover the cost of materials for furnishing a copy of an x-ray, provided no such charge shall be made for furnishing a health record or part thereof to a patient, a patient's attorney or authorized representative if the record or part thereof is necessary for the purpose of supporting a claim or appeal under any provision of the Social Security Act and the request is accompanied by documentation of the claim or appeal. A provider shall furnish a health record requested pursuant to this section within thirty days of the request. No health care provider, who has purchased or assumed the practice of a provider who is retiring or deceased, may refuse to return original records or copied records to a patient who decides not to seek care from the successor provider. When returning records to a patient who has decided not to seek care from a successor provider, such provider may not charge a patient for costs incurred in copying the records of the retired or deceased provider.

[(d)**]** (e) If a provider reasonably determines that the information is detrimental to the physical or mental health of the patient, or is likely to cause the patient to harm himself, herself or another, the provider may withhold the information from the patient. The information may be supplied to an appropriate third party or to another provider who may release the information to the patient. If disclosure of information

is refused by a provider under this subsection, any person aggrieved thereby may, within thirty days of such refusal, petition the superior court for the judicial district in which such person resides for an order requiring the provider to disclose the information. Such a proceeding shall be privileged with respect to assignment for trial. The court, after hearing and an in camera review of the information in question, shall issue the order requested unless it determines that such disclosure would be detrimental to the physical or mental health of the person or is likely to cause the person to harm himself, herself or another.

[(e)**]** (f) The provisions of this section shall not apply to any information relative to any psychiatric or psychological problems or conditions.

[(f)**]** (g) In the event that a provider abandons his or her practice, the Commissioner of Public Health may appoint a licensed health care provider to be the keeper of the records, who shall be responsible for disbursing the original records to the provider's patients, upon the request of any such patient.

(h) The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of this section.

Sec. 80. Subsection (a) of section 19a-638 of the general statutes, as amended by public act 11-10, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) A certificate of need issued by the office shall be required for:

(1) The establishment of a new health care facility;

(2) A transfer of ownership of a health care facility;

(3) The establishment of a free-standing emergency department;

(4) The termination by a short-term acute care general hospital or children's hospital of inpatient and outpatient mental health and substance abuse services;

(5) The establishment of an outpatient surgical facility, as defined in section 19a-493b, or as established by a short-term acute care general hospital;

(6) The termination of an emergency department by a short-term acute care general hospital;

(7) The establishment of cardiac services, including inpatient and outpatient cardiac catheterization, interventional cardiology and cardiovascular surgery;

(8) The acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners, by any person, physician, provider, short-term acute care general hospital or children's hospital, except as provided for in subdivision (23) of subsection (b) of this section;

(9) The acquisition of nonhospital based linear accelerators;

(10) An increase in the licensed bed capacity of a health care facility;

(11) The acquisition of equipment utilizing technology that has not previously been utilized in the state; **[**and**]**

(12) An increase of two or more operating rooms within any three-year period, commencing on and after October 1, 2010, by an outpatient surgical facility, as defined in section 19a-493b, or by a short-term acute care general hospital; and

(13) The termination of inpatient or outpatient services offered by a hospital or other facility or institution operated by the state that

provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended.

Sec. 81. Section 19a-7f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

(a) The Commissioner of Public Health shall determine the standard of care for immunization for the children of this state. The standard of care for immunization shall be based on the recommended schedules for active immunization for normal infants and children published by the National Centers for Disease Control and Prevention Advisory Committee **[**, as determined by the Commissioner of Public Health**]** on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians. The commissioner shall establish, within available appropriations, an immunization program which shall: (1) Provide vaccine at no cost to health care providers in Connecticut to administer to children so that cost of vaccine will not be a barrier to age-appropriate vaccination in this state; (2) with the assistance of hospital maternity programs, provide all parents in this state with the recommended immunization schedule for normal infants and children, a booklet to record immunizations at the time of the infant's discharge from the hospital nursery and a list of sites where immunization may be provided; (3) inform in a timely manner all health care providers of changes in the recommended immunization schedule; (4) assist hospitals, local health providers and local health departments to develop and implement record-keeping and outreach programs to identify and immunize those children who have fallen behind the recommended immunization schedule or who lack access to regular preventative health care and have the authority to gather such data as may be needed to evaluate such efforts; (5) assist in the development of a program to assess the vaccination status of children who are clients of state and federal programs serving the health and welfare of children and make provision for vaccination of

those who are behind the recommended immunization schedule; (6) access available state and federal funds including, but not limited to, any funds available through the federal Childhood Immunization Reauthorization or any funds available through the Medicaid program; (7) solicit, receive and expend funds from any public or private source; and (8) develop and make available to parents and health care providers public health educational materials about the benefits of timely immunization.

(b) (1) Commencing October 1, 2011, one group health care provider located in Bridgeport and one group health care provider located in New Haven, as identified by the Commissioner of Public Health, and any health care provider located in Hartford who administers vaccines to children under the federal Vaccines For Children immunization program that is operated by the Department of Public Health under authority of 42 USC 1396s may select under said federal program, and the department shall provide, any vaccine licensed by the federal Food and Drug Administration, including any combination vaccine and dosage form, that is (A) recommended by the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, and (B) made available to the department by the National Centers for Disease Control and Prevention.

(2) Not later than June 1, 2012, the Commissioner of Public Health shall provide an evaluation of the vaccine program established in subdivision (1) of this subsection to the joint standing committee of the General Assembly having cognizance of matters relating to public health. Such evaluation shall include, but not be limited to, an assessment of the program's impact on child immunization rates, an assessment of any health or safety risks posed by the program, and recommendations regarding future expansion of the program.

(3) Provided the evaluation submitted pursuant to subdivision (2) of this subsection does not indicate a significant reduction in child

immunization rates or an increased risk to the health and safety of children, commencing July 1, 2012, any health care provider who administers vaccines to children under the federal Vaccines For Children immunization program that is operated by the Department of Public Health under authority of 42 USC 1396s may select, and the department shall provide, any vaccine licensed by the federal Food and Drug Administration, including any combination vaccine and dosage form, that is (A) recommended by the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, and (B) made available to the department by the National Centers for Disease Control and Prevention.

(4) The provisions of this subsection shall not apply in the event of a public health emergency, as defined in section 19a-131, or an attack, major disaster, emergency or disaster emergency, as those terms are defined in section 28-1.

Sec. 82. Section 19a-7j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

(a) Not later than September 1, 2003, and annually thereafter, the Secretary of the Office of Policy and Management, in consultation with the Commissioner of Public Health, shall (1) determine the amount appropriated for the following purposes: (A) To purchase, store and distribute vaccines for routine immunizations included in the schedule for active immunization required by section 19a-7f, as amended by this act; (B) to purchase, store and distribute (i) vaccines to prevent hepatitis A and B in persons of all ages, as recommended by the schedule for immunizations published by the National Advisory Committee for Immunization Practices, (ii) antibiotics necessary for the treatment of tuberculosis and biologics and antibiotics necessary for the detection and treatment of tuberculosis infections, and (iii) antibiotics to support treatment of patients in communicable disease control clinics, as defined in section 19a-216a; and (C) to provide

services needed to collect up-to-date information on childhood immunizations for all children enrolled in Medicaid who reach two years of age during the year preceding the current fiscal year, to incorporate such information into the childhood immunization registry, as defined in section 19a-7h, and (2) inform the Insurance Commissioner of such amount.

(b) Each domestic insurer or health care center doing life insurance or health insurance business in this state shall annually pay to the Insurance Commissioner, for deposit in the General Fund, a health and welfare fee assessed by the Insurance Commissioner pursuant to this section. **[**Not later than October 1, 2003, the Insurance Commissioner shall determine the fee to be assessed against each such domestic insurer or health care center for the fiscal year ending June 30, 2004.**]** Not later than October 1, 2003, and annually thereafter, the Insurance Commissioner shall determine the fee to be assessed against each such domestic insurer or health care center for the next fiscal year. Such fee shall be a percentage of the total amount appropriated, as identified in subsection (a) of this section, and shall be calculated on the basis of life insurance premiums and health insurance premiums and subscriber charges in the same manner as calculations under section 38a-48. Not later than November 1, 2003, and annually thereafter, the Insurance Commissioner shall submit a statement to each such insurer and health care center that includes the proposed fee for the insurer or health care center calculated in accordance with this section. As used in this section, "health insurance" means health insurance, as defined in subdivisions (1) to (13), inclusive, of section 38a-469.

(c) Any domestic insurer or health care center aggrieved by an assessment levied under this section may appeal therefrom in the same manner as provided for appeals under section 38a-52.

[(d) For the fiscal year ending June 30, 2004, the aggregate assessment under this section shall not exceed seven million one

hundred thousand dollars. For the fiscal year ending June 30, 2005, the aggregate assessment under this section shall not exceed seven million one hundred thousand dollars.**]**

Sec. 83. Section 17b-369 of the general statutes is amended by adding subsections (c) to (e), inclusive, as follows (*Effective July 1, 2011*):

(NEW) (c) The Commissioner of Social Services shall develop a strategic plan, consistent with the long-term care plan established pursuant to section 17b-337, to rebalance Medicaid long-term care supports and services, including, but not limited to, those supports and services provided in home, community-based settings and institutional settings. The commissioner shall include home, community-based and institutional providers in the development of the strategic plan. In developing the strategic plan the commissioner shall consider topics that include, but are not limited to: (1) Regional trends concerning the state's aging population; (2) trends in the demand for home, community-based and institutional services; (3) gaps in the provision of home and community-based services which prevent community placements; (4) gaps in the provision of institutional care; (5) the quality of care provided by home, community-based and institutional providers; (6) the condition of institutional buildings; (7) the state's regional supply of institutional beds; (8) the current rate structure applicable to home, community-based and institutional services; (9) the methods of implementing adjustments to the bed capacity of individual nursing facilities; and (10) a review of the provisions of subsection (a) of section 17b-354, as amended by this act.

(NEW) (d) The Commissioner of Social Services may contract with nursing facilities, as defined in section 17b-357, and home and community-based providers for the purpose of carrying out the strategic plan. In addition, the commissioner may revise a rate paid to

a nursing facility pursuant to section 17b-340 in order to effectuate the strategic plan. The commissioner may fund strategic plan initiatives with federal grant-in-aid resources available to the state pursuant to the Money Follows the Person demonstration project pursuant to Section 6071 of the Deficit Reduction Act, P.L. 109-171, and the State Balancing Incentive Payments Program under the Patient Protection and Affordable Care Act, P.L. 111-148.

(NEW) (e) The Commissioner of Public Health, or the commissioner's designee, may waive the requirements of sections 19-13-D8t, 19-13-D6 and 19-13-D105 of the regulations of Connecticut state agencies, if a provider requires such a waiver for purposes of effectuating the strategic plan developed pursuant to subsection (c) of this section and the commissioner, or the commissioner's designee, determines that such waiver will not endanger the health and safety of the provider's residents or clients. The commissioner, or the commissioner's designee, may impose conditions on the granting of any waiver which are necessary to ensure the health and safety of the provider's residents or clients. The commissioner, or the commissioner's designee, may revoke any waiver granted pursuant to this subsection upon a finding that the health or safety of a resident or client of a provider has been jeopardized.

Sec. 84. Subsection (a) of section 17b-354 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

(a) Except for applications deemed complete as of August 9, 1991, the Department of Social Services shall not accept or approve any requests for additional nursing home beds or modify the capital cost of any prior approval for the period from September 4, 1991, through June 30, 2012, except (1) beds restricted to use by patients with acquired immune deficiency syndrome or traumatic brain injury; (2) beds associated with a continuing care facility which guarantees life

care for its residents; (3) Medicaid certified beds to be relocated from one licensed nursing facility to another licensed nursing facility, to a new facility to meet a priority need identified in the strategic plan developed pursuant to subsection (c) of section 17b-369, as amended by this act, or to a small house nursing home, as defined in section 17b-372, provided (A) the availability of beds in an area of need will not be adversely affected; (B) no such relocation shall result in an increase in state expenditures; and (C) the relocation results in a reduction in the number of nursing facility beds in the state; (4) a request for no more than twenty beds submitted by a licensed nursing facility that participates in neither the Medicaid program nor the Medicare program, admits residents and provides health care to such residents without regard to their income or assets and demonstrates its financial ability to provide lifetime nursing home services to such residents without participating in the Medicaid program to the satisfaction of the department, provided the department does not accept or approve more than one request pursuant to this subdivision; (5) a request for no more than twenty beds associated with a free standing facility dedicated to providing hospice care services for terminally ill persons operated by an organization previously authorized by the Department of Public Health to provide hospice services in accordance with section 19a-122b; and (6) new or existing Medicaid certified beds to be relocated from a licensed nursing facility in a municipality with a 2004 estimated population of one hundred twenty-five thousand to a location within the same municipality provided such Medicaid certified beds do not exceed sixty beds. Notwithstanding the provisions of this subsection, any provision of the general statutes or any decision of the Office of Health Care Access, (i) the date by which construction shall begin for each nursing home certificate of need in effect August 1, 1991, shall be December 31, 1992, (ii) the date by which a nursing home shall be licensed under each such certificate of need shall be October 1, 1995, and (iii) the imposition of such dates shall not require action by the Commissioner of Social Services. Except as

provided in subsection (c) of this section, a nursing home certificate of need in effect August 1, 1991, shall expire if construction has not begun or licensure has not been obtained in compliance with the dates set forth in subparagraphs (i) and (ii) of this subsection.

Sec. 85. Subsection (a) of section 19a-494 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) The Commissioner of Public Health, after a hearing held in accordance with the provisions of chapter 54, may take any of the following actions, singly or in combination, in any case in which **[**he**]** the commissioner finds that there has been a substantial failure to comply with the requirements established under this chapter, the Public Health Code **[**and**]** or licensing regulations:

(1) Revoke a license or certificate;

(2) Suspend a license or certificate;

(3) Censure a licensee or certificate holder;

(4) Issue a letter of reprimand to a licensee or certificate holder;

(5) Place a licensee or certificate holder on probationary status and require him to report regularly to the department on the matters which are the basis of the probation;

(6) Restrict the acquisition of other facilities for a period of time set by the commissioner; **[**and**]**

(7) Issue an order compelling compliance with applicable statutes or regulations of the department; or

(8) Impose a directed plan of correction.

Sec. 86. Subsection (e) of section 19a-632 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

(e) If any assessment is not paid when due, **[**a late fee of ten dollars shall be added thereto and interest at the rate of one and one-fourth per cent per month or fraction thereof shall be paid on such assessment and late fee**]** the commissioner shall impose a fee equal to (1) two per cent of the assessment if such failure to pay is for not more than five days, (2) five per cent of the assessment if such failure to pay is for more than five days but not more than fifteen days, or (3) ten per cent of the assessment if such failure to pay is for more than fifteen days. If a hospital fails to pay any assessment for more than thirty days after the date when due, the commissioner may, in addition to the fees imposed pursuant to this subsection, impose a civil penalty of up to one thousand dollars per day for each day past the initial thirty days that the assessment is not paid. Any civil penalty authorized by this subsection shall be imposed by the commissioner in accordance with subsections (b) to (e), inclusive, of section 19a-653, as amended by this act.

Sec. 87. Subsection (b) of section 19a-653 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

(b) If the Department of Public Health has reason to believe that a violation has occurred for which a civil penalty is authorized by subsection (a) of this section, or subsection (e) of section 19a-632, as amended by this act, it shall notify the person or health care facility or institution by first-class mail or personal service. The notice shall include: (1) A reference to the sections of the statute or regulation involved; (2) a short and plain statement of the matters asserted or charged; (3) a statement of the amount of the civil penalty or penalties to be imposed; (4) the initial date of the imposition of the penalty; and

(5) a statement of the party's right to a hearing.

Sec. 88. Subsection (a) of section 19a-631 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

(a) As used in this section, **[**and**]** section 19a-632, as amended by this act, and section 89 of this act, "hospital" means each hospital subject to the provisions of this chapter and licensed as a short-term acute-care general hospital or a children's hospital or both by the Department of Public Health.

Sec. 89. (NEW) (*Effective July 1, 2011*) (a) For purposes of this section, "electronic funds transfer" has the same meaning as provided in section 12-685 of the general statutes.

(b) The Department of Public Health may require a hospital to pay an assessment levied pursuant to section 19a-632 of the general statutes, as amended by this act, by way of an approved method of electronic funds transfer.

(c) A hospital making an electronic funds transfer pursuant to this section shall initiate such transfer in a timely fashion to ensure that a bank account designated by the department is credited by electronic funds transfer for the amount of the assessment required to be made by such method on or before the date such assessment is due.

(d) Where an assessment is required to be made by electronic funds transfer, any payment made by a method other than electronic funds transfer shall be treated as an assessment not made in a timely manner, and any payment made by electronic funds transfer, where the bank account designated by the department is not credited for the amount of the assessment on or before the date such assessment is due, shall be treated as an assessment not made in a timely manner. Any assessment treated under this subsection as an assessment not made in a timely

manner shall be subject to a penalty in accordance with subsection (e) of this section.

(e) Where any assessment is treated under subsection (d) of this section as an assessment not made in a timely manner because it is made by means other than electronic funds transfer, there shall be imposed a penalty equal to ten per cent of the assessment required to be made by electronic funds transfer. Where any assessment made by electronic funds transfer is treated under subsection (d) of this section as an assessment not made in a timely manner because the bank account designated by the department is not credited by electronic funds transfer for the amount of the assessment on or before the date such assessment is due, there shall be imposed a penalty equal to (1) two per cent of the assessment required to be made by electronic funds transfer, if such failure to pay by electronic funds transfer is for not more than five days; (2) five per cent of the assessment required to be made by electronic funds transfer, if such failure to pay by electronic funds transfer is for more than five days but not more than fifteen days; or (3) ten per cent of the assessment required to be made by electronic funds transfer, if such failure to pay by electronic funds transfer is for more than fifteen days.

(f) The department shall deposit all payments received pursuant to this section with the State Treasurer. The moneys so deposited shall be credited to the General Fund and shall be accounted for as expenses recovered from hospitals.

Sec. 90. (NEW) (*Effective January 1, 2012*) (a) As used in this section:

(1) "Criminal history and patient abuse background search" or "background search" means (A) a review of the registry of nurse's aides maintained by the Department of Public Health pursuant to section 20-102bb of the general statutes, (B) checks of state and national criminal history records conducted in accordance with section 29-17a

of the general statutes, and (C) a review of any other registry specified by the Department of Public Health which the department deems necessary for the administration of a background search program.

(2) "Direct access" means physical access to a patient or resident of a long-term care facility that affords an individual with the opportunity to commit abuse or neglect against or misappropriate the property of a patient or resident.

(3) "Disqualifying offense" means a conviction of any crime described in 42 USC 1320a-7(a)(1), (2), (3) or (4) or a substantiated finding of neglect, abuse or misappropriation of property by a state or federal agency pursuant to an investigation conducted in accordance with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C).

(4) "Long-term care facility" means any facility, agency or provider that is a nursing home, as defined in section 19a-521 of the general statutes, a home health agency, as defined in section 19a-490 of the general statutes, an assisted living services agency, as defined in section 19a-490 of the general statutes, an intermediate care facility for the mentally retarded, as defined in 42 USC 1396d(d), a chronic disease hospital, as defined in section 19a-550 of the general statutes, or an agency providing hospice care which is licensed to provide such care by the Department of Public Health or certified to provide such care pursuant to 42 USC 1395x.

(b) (1) On or before July 1, 2012, the Department of Public Health shall create and implement a criminal history and patient abuse background search program, within available appropriations, in order to facilitate the performance, processing and analysis of the criminal history and patient abuse background search of individuals who have direct access.

(2) The Department of Public Health shall develop a plan to

implement the criminal history and patient abuse background search program, in accordance with this section. In developing such plan, the department shall (A) consult with the Commissioners of Emergency Services and Public Protection, Developmental Services, Mental Health and Addiction Services, Social Services and Consumer Protection, or their designees, the State Long-Term Care Ombudsman, or a designee, the chairperson for the Board of Pardons and Paroles, or a designee, a representative of each category of long-term care facility and representatives from any other agency or organization the Commissioner of Public Health deems appropriate, (B) evaluate factors including, but not limited to, the administrative and fiscal impact of components of the program on state agencies and long-term care facilities, background check procedures currently used by long-term care facilities, federal requirements pursuant to Section 6201 of the Patient Protection and Affordable Care Act, P.L. 111-148, as amended from time to time, and the effect of full and provisional pardons on employment, and (C) outline (i) an integrated process with the Department of Public Safety to cross-check and periodically update criminal information collected in criminal databases, (ii) a process by which individuals with disqualifying offenses can apply for a waiver, and (iii) the structure of an Internet-based portal to streamline the criminal history and patient abuse background search program. The Department of Public Health shall submit such plan, including a recommendation as to whether homemaker-companion agencies should be included in the scope of the background search program, to the joint standing committees of the General Assembly having cognizance of matters relating to aging, appropriations and the budgets of state agencies, and public health, in accordance with the provisions of section 11-4a of the general statutes, not later than February 1, 2012.

(c) (1) Except as provided in subdivision (2) of this subsection, each long-term care facility, prior to extending an offer of employment to or

entering into a contract for the provision of long-term care services with any individual who will have direct access, or prior to allowing any individual to have direct access while volunteering at such long-term care facility, shall require that such individual submit to a background search. The Department of Public Health shall prescribe the manner by which (A) long-term care facilities perform the review of (i) the registry of nurse's aides maintained by the department pursuant to section 20-102bb of the general statutes, and (ii) any other registry specified by the department, including requiring long-term care facilities to report the results of such review to the department, and (B) individuals submit to state and national criminal history records checks, including requiring the Department of Public Safety to report the results of such checks to the Department of Public Health.

(2) No long-term care facility shall be required to comply with the provisions of this subsection if the individual provides evidence to the long-term care facility that such individual submitted to a background search conducted pursuant to subdivision (1) of this subsection not more than three years immediately preceding the date such individual applies for employment, seeks to enter into a contract or begins volunteering with the long-term care facility and that the prior background search confirmed that the individual did not have a disqualifying offense.

(d) (1) The Department of Public Health shall review all reports provided to the department pursuant to subsection (c) of this section. If any such report contains evidence indicating that an individual has a disqualifying offense, the department shall provide notice to the individual and the long-term care facility indicating the disqualifying offense and providing the individual with the opportunity to file a request for a waiver pursuant to subdivisions (2) and (3) of this subsection.

(2) An individual may file a written request for a waiver with the

department not later than thirty days after the date the department mails notice to the individual pursuant to subdivision (1) of this subsection. The department shall mail a written determination indicating whether the department shall grant a waiver pursuant to subdivision (3) of this subsection not later than fifteen business days after the department receives the written request from the individual, except that said time period shall not apply to any request for a waiver in which an individual challenges the accuracy of the information obtained from the background search.

(3) The department may grant a waiver from the provisions of subsection (e) of this section to an individual who identifies mitigating circumstances surrounding the disqualifying offense, including (A) inaccuracy in the information obtained from the background search, (B) lack of a relationship between the disqualifying offense and the position for which the individual has applied, (C) evidence that the individual has pursued or achieved rehabilitation with regard to the disqualifying offense, or (D) that substantial time has elapsed since committing the disqualifying offense. The department and its employees shall be immune from liability, civil or criminal, that might otherwise be incurred or imposed, for good faith conduct in granting waivers pursuant to this subdivision.

(4) After completing a review pursuant to subdivision (1) of this subsection, the department shall notify in writing the long-term care facility to which the individual has applied for employment or with which the individual seeks to enter into a contract or volunteer (A) of any disqualifying offense and any information the individual provided to the department regarding mitigating circumstances surrounding such offense, or of the lack of a disqualifying offense, and (B) whether the department granted a waiver pursuant to subdivision (3) of this subsection.

(e) Notwithstanding the provisions of section 46a-80 of the general

statutes, no long-term care facility shall employ an individual required to submit to a background search, contract with any such individual to provide long-term care services or allow such individual to volunteer if the long-term care facility receives notice from the department that the individual has a disqualifying offense in the individual's background search and the department has not granted a waiver pursuant to subdivision (3) of subsection (d) of this section. A long-term care facility may, but is not obligated to, employ, enter into a contract with or allow to volunteer an individual who was granted a waiver pursuant to said subdivision (3).

(f) (1) Except as provided in subdivision (2) of this subsection, a long-term care facility shall not employ, enter into a contract with or allow to volunteer any individual required to submit to a background search until the long-term care facility receives notice from the Department of Public Health pursuant to subdivision (4) of subsection (d) of this section.

(2) A long-term care facility may employ, enter into a contract with or allow to volunteer an individual required to submit to a background search on a conditional basis before the long-term care facility receives notice from the department that such individual does not have a disqualifying offense, provided: (A) The employment or contractual or volunteer period on a conditional basis shall last not more than sixty days, (B) the long-term care facility has begun the review required under subsection (c) of this section and the individual has submitted to checks pursuant to subsection (c) of this section, (C) the individual is subject to direct, on-site supervision during the course of such conditional employment or contractual or volunteer period, and (D) the individual, in a signed statement (i) affirms that the individual has not committed a disqualifying offense, and (ii) acknowledges that a disqualifying offense reported in the background search required by subsection (c) of this section shall constitute good cause for termination

and a long-term care facility may terminate the individual if a disqualifying offense is reported in said background search.

(g) Notwithstanding the provisions of subsection (b) of this section, the department may phase in implementation of the criminal history and patient abuse background search program by category of long-term care facility. No long-term care facility shall be required to comply with the provisions of subsections (c), (e) and (f) of this section until the date notice is published by the Commissioner of Public Health in the Connecticut Law Journal indicating that the commissioner is implementing the criminal history and patient abuse background search program for the category of such long-term care facility.

(h) The department shall adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to implement the provisions of this section. The department may implement policies and procedures consistent with the provisions of this section while in the process of adopting such policies and procedures as regulation, provided notice of intention to adopt regulations is printed in the Connecticut Law Journal not later than twenty days after the date of implementation. Such policies and procedures shall be valid until the time final regulations are effective.

Sec. 91. Section 20-670 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*):

As used in sections 20-670 to 20-680, inclusive, as amended by this act:

(1) "Certificate" means a certificate of registration issued under section 20-672, as amended by this act.

(2) "Commissioner" means the Commissioner of Consumer Protection or any person designated by the commissioner to

administer and enforce the provisions of sections 20-670 to 20-680, inclusive, as amended by this act.

(3) "Companion services" means nonmedical, basic supervision services to ensure the well-being and safety of a person in such person's home.

(4) "Employee" means any person employed by, or who enters into a contract to perform services for, a homemaker-companion agency, including, but not limited to, temporary employees, pool employees and persons treated by such agency as independent contractors.

(5) "Comprehensive background check" means a background investigation of a prospective employee performed by a homemaker-companion agency, that includes: (A) A review of any application materials prepared or requested by the agency and completed by the prospective employee; (B) an in-person interview of the prospective employee; (C) verification of the prospective employee's Social Security number; (D) if the position applied for within the agency requires licensure on the part of the prospective employee, verification that the required license is in good standing; (E) a check of the registry established and maintained pursuant to section 54-257; (F) a review of criminal conviction information obtained through a search of current criminal matters of public record in this state based on the prospective employee's name and date of birth; (G) if the prospective employee has resided in this state less than three years prior to the date of the application with the agency, a review of criminal conviction information from the state or states where such prospective employee resided during such three-year period; and (H) a review of any other information that the agency deems necessary in order to evaluate the suitability of the prospective employee for the position.

[(5)**]** (6) "Homemaker services" means nonmedical, supportive services that ensure a safe and healthy environment for a person in

such person's home, such services to include assistance with personal hygiene, cooking, household cleaning, laundry and other household chores.

[(6)**]** (7) "Homemaker-companion agency" means (A) any public or private organization **[**, employing**]** that employs one or more persons **[**that**]** and is engaged in the business of providing companion services or homemaker services, or (B) any registry. Homemaker-companion agency shall not include a home health care agency, as defined in subsection (d) of section 19a-490, or a homemaker-home health aide agency, as defined in subsection (e) of section 19a-490.

(8) "Registry" means any person or entity engaged in the business of supplying or referring an individual to or placing an individual with a consumer to provide homemaker or companion services provided by such individual, when the individual providing such services is either (A) directly compensated, in whole or in part, by the consumer, or (B) treated, referred to or considered by such person or entity as an independent contractor.

[(7)**]** (9) "Service plan" means a written document provided by a homemaker-companion agency to a person utilizing services provided by such agency, that specifies the anticipated scope, type, frequency and duration of homemaker or companion services that are to be provided by such agency for the benefit of the person.

Sec. 92. Subsection (a) of section 20-672 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*)*:*

(a) Any person seeking a certificate of registration as a homemaker-companion agency shall apply to the Commissioner of Consumer Protection, in writing, on a form provided by the commissioner. The application shall include the applicant's name, residence address,

business address, business telephone number and such other information as the commissioner may require. An applicant shall also be required to submit to state and national criminal history records checks in accordance with section 29-17a and to certify under oath to the commissioner that: (1) Such agency complies with the requirements of section 20-678, as amended by this act, concerning employee comprehensive background checks, (2) such agency provides all persons receiving homemaker or companion services with a written individualized contract or service plan that specifically identifies the anticipated scope, type, frequency and duration of homemaker or companion services provided by the agency to the person, (3) such agency maintains a surety bond, and (4) all records maintained by such agency shall be open, at all reasonable hours, for inspection, copying or audit by the commissioner.

Sec. 93. Subsection (a) of section 20-675 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*)*:*

(a) The Commissioner of Consumer Protection may revoke, suspend or refuse to issue or renew any certificate of registration as a homemaker-companion agency or place an agency on probation or issue a letter of reprimand for: (1) Conduct by the agency, or by an employee of the agency while in the course of employment, of a character likely to mislead, deceive or defraud the public or the commissioner; **[**or**]** (2) engaging in any untruthful or misleading advertising; or (3) failing to perform a comprehensive background check of a prospective employee or maintain a copy of materials obtained during a comprehensive background check, as required by section 20-678, as amended by this act.

Sec. 94. Section 20-678 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*)*:*

[Each homemaker-companion agency shall require that any employee of such agency hired on or after October 1, 2006,**]** On or after January 1, 2012, each homemaker-companion agency, prior to extending an offer of employment or entering into a contract with a prospective employee, shall require such prospective employee to submit to a comprehensive background check. In addition, each homemaker-companion agency shall require that **[**any employee of such agency hired on or after October 1, 2006,**]** such prospective employee complete and sign a form which contains questions as to whether the **[**current or**]** prospective employee was convicted of a crime involving violence or dishonesty in a state court or federal court in any state; or was subject to any decision imposing disciplinary action by a licensing agency in any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction. Any **[**employee of a homemaker-companion agency hired on or after October 1, 2006,**]** prospective employee who makes a false written statement regarding such prior criminal convictions or disciplinary action shall be guilty of a class A misdemeanor. Each homemaker-companion agency shall maintain a paper or electronic copy of any materials obtained during the comprehensive background check and shall make such records available for inspection upon request of the Department of Consumer Protection.

Sec. 95. (NEW) (*Effective January 1, 2012*) (a) As used in this section, "comprehensive background check" means a background investigation performed by a home health agency, as defined in subsection (k) of section 19a-490 of the general statutes, of an applicant for employment that includes, but is not limited to: (1) A review of any application materials prepared or requested by the agency and completed by the applicant; (2) an in-person interview of the applicant; (3) verification of the applicant's Social Security number; (4) if the position applied for within the agency requires licensure on the part of the applicant, verification that the required license is in good standing; (5) a check of

the registry established and maintained pursuant to section 54-257 of the general statutes; (6) a review of criminal conviction information obtained through a search of current criminal matters of public record in this state based on the applicant's name and date of birth; (7) if the applicant has resided in this state less than three years prior to the date of the application for employment, a review of criminal conviction information from the state or states where such applicant resided during such three-year period; and (8) a review of any other information that the agency deems necessary in order to evaluate the suitability of the applicant for the position.

(b) On or after January 1, 2012, each home health agency, prior to extending an offer of employment to an applicant for employment with the agency, shall require such applicant to submit to a comprehensive background check. In addition, each home health agency shall require that any such applicant complete and sign a form disclosing whether the applicant was subject to any decision imposing disciplinary action by a licensing agency in any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction. Any applicant who makes a false statement regarding such prior disciplinary action with intent to mislead the home health agency shall be guilty of a class A misdemeanor.

(c) The provisions of this section shall cease to be effective on the date the Commissioner of Public Health publishes notice in the Connecticut Law Journal of the department's implementation of the criminal history and patient abuse background search program for home health agencies in accordance with the provisions of section 90 of this act.

Sec. 96. Subsection (a) of section 20-32 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

(a) No licensee under the provisions of this chapter shall use the title "Doctor" or any abbreviation or synonym thereof unless he or she holds the degree of doctor of chiropractic from a chartered chiropractic school or college, in which event the title shall be such as will designate the licensee as a practitioner of chiropractic. **[**No person shall practice as a chiropractor under any name other than the name of the chiropractor actually owning the practice or a corporate name containing the name or names of such chiropractors.**]** Each licensed chiropractor shall exhibit his or her name at the entrance of his or her place of business or on his or her office door. The Department of Public Health shall not initiate a disciplinary action against a licensed chiropractor who, prior to the effective date of this section, is alleged to have been practicing as a chiropractor under any name other than the name of the chiropractor actually owning the practice or a corporate name containing the name of such chiropractor.

Sec. 97. Section 51 of public act 06-195 is repealed. (*Effective from passage*)

Sec. 98. Sections 19a-77a and 19a-125 of the general statutes are repealed. (*Effective October 1, 2011*)

Approved July 13, 2011